# APPROVED TRAINING AGENT

## All Fields Required

<table>
<thead>
<tr>
<th>Effective Date</th>
<th>Termination Date</th>
<th>L&amp;I Apprenticeship Coordinator</th>
</tr>
</thead>
</table>

### Employer Information

- **Employer Name**
- **Address**
- **City**
- **State**
- **ZIP+4**
- **Contact Person**
- **Telephone**
- **E-mail**
- **FAX**
- **Contractor ID Number (If Applicable)**
- **UBI number**

### Apprenticeship Information

- **Name of Registered Apprenticeship Program**
- **Occupation(s)**

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The Employer understands and agrees that participation is voluntary. Failure to adhere to the requirements for apprenticeship established under RCW 49.04, Chapter 296-05 WAC, and 29 CFR Parts 29 and 30 could result in the cancelation of the employer’s agreement and its’ ability to participate in the apprenticeship program.

### For the Employer:

- **Signature**
- **Typed or printed name**
- **Title**
- **Date**

### For the Apprenticeship Program:

- **Signature**
- **Typed or printed name**
- **Title**
- **Date**

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The following is for L&I Apprenticeship Section use only:

<table>
<thead>
<tr>
<th>ARTS assigned Employer ID #</th>
<th>Date entered in ARTS</th>
</tr>
</thead>
</table>

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