

AGREEMENT TO TRAIN APPRENTICES

District No. _____

DAS File No. _____

Employer ID _____

NAME OF EMPLOYER				
MAILING ADDRESS (STREET AND NUMBER)	CITY	STATE	ZIP CODE	TELEPHONE NUMBER
ADDRESS OF TRAINING LOCATION (IF DIFFERENT)				
OCCUPATION(S)				O*Net Code
NAME OF APPRENTICESHIP COMMITTEE AND STANDARDS				
AREA COVERED BY APPRENTICESHIP STANDARDS or NAME AND ADDRESS OF PROJECT				

THE OFFICIAL, whose signature follows, agrees on behalf of the above named employer to train apprentices in the designated occupation in accordance with the apprenticeship standards and apprentice agreement and to comply with the provisions thereof.

[SIGNED] By _____
 Printed name _____
 Title _____ Date _____

THE APPRENTICESHIP COMMITTEE accepts and approves the employer as qualified to train apprentices under its standards in the designated occupation.

[SIGNED] By _____
 Printed name _____
 Title _____ Date _____

Effective until:

- Revoked**
- End of Project** (Enter project name and address in Area Covered above)
- Date** _____ Date _____
- Other** _____ Specify _____

Accepted:
 DIVISION OF APPRENTICESHIP STANDARDS

EFFECTIVE DATE

[SIGNED] By _____ Date _____
 Apprenticeship Consultant

REMARKS:

STATE OF CALIFORNIA
 DEPARTMENT OF INDUSTRIAL RELATIONS
 DIVISION OF APPRENTICESHIP STANDARDS

D.A.S. - 7 APPLICATION

DATA TO BE PROVIDED FOR REVIEW OF EMPLOYER APPLICATION

1. Name of Firm _____
 2. Address _____
 City _____ State _____ Zip _____
 3. Phone _____ Fax _____

4. Does your firm have a State Contractors License? Yes No
 If yes, give classification _____ Number # _____ Date Issued _____

5. DO YOU OPERATE YOUR BUSINESS FROM:
 Residence Store Shop Other (Specify) _____

6. PERCENTAGE OF EACH TYPE OF WORK PERFORMED:

New Commercial	_____ %	Residential	_____ %
New Industrial	_____ %	Tenant Improvement	_____ %
Remodel Commercial	_____ %	High Voltage	_____ %
Remodel Industrial	_____ %	Sound & Communication	_____ %

7. NUMBER OF APPRENTICES NOW EMPLOYED _____ TO BE EMPLOYED _____

8. NUMBER OF JOURNEYMAN EMPLOYED _____ IN L.A. COUNTY _____

9. Is this a Joint Venture Project? Yes No
 If yes, with who _____

10. Any other D.A.S. - 7's in the State of California? Yes No Location _____

11. Any other Electrical Contractors License? Yes No License # _____

12. Firm's labor agreement signed with _____ of _____
 (Local Union) (Craft or Trade)

13. Length of time firm has been in business? _____ Years _____ months

14. Workman's Compensation Insurance Carrier & Policy Number: _____
 Current Workman Compensation Modification Rate _____

15. Is firm a member of any Contractor Association? Yes No
 If yes, give name of Association _____

16. Who are the owners of this business?
 Name _____ Title _____
 Name _____ Title _____

Signed by _____
 Date _____

Coordinators Recommendation for Approval Yes No
 Coordinators Initials _____

Coordinators Recommendation for Approval Yes No
 Coordinators Initials _____