

AGREEMENT TO TRAIN APPRENTICES

Building & Construction Trades

District No. 12

DAS File No. 00004

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(s).

[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 _____



Appendix D

EMPLOYER ACCEPTANCE AGREEMENT

ADOPTED BY

LOS ANGELES COUNTY ELECTRICAL IATC

**DEVELOPED IN COOPERATION WITH THE
U. S. DEPARTMENT OF LABOR
OFFICE OF APPRENTICESHIP**



Appendix D

EMPLOYER ACCEPTANCE AGREEMENT

The undersigned employer hereby subscribes to the provisions of the Apprenticeship Standards formulated and registered by the *Los Angeles County Electrical JATC* and agree(s) to carry out the intent and purpose of said Standards for *Electrician, Street Light Servicer, Telecommunications Technician, and Residential Wireman* and accompanying Appendices and to abide by the rules and decisions of the Sponsor established under these Apprenticeship Standards. Employer has been furnished a copy of the Standards and has read and understood them, and request certification to train apprentices under the provisions of these Standards. On-the-job, the apprentice is hereby assured qualified training personnel and adequate supervision during the apprenticeship. The training should follow the approved Work Process Schedule and Related Instruction Outline including the rotation of tasks. The employer further agrees to follow the selection procedures per the approved Standards. This employer acceptance agreement will remain in effect until canceled voluntarily or revoked by the Sponsor, Employer, or the Office of Apprenticeship.

(Manual signatures required)

(Print Name of Employer Representative)

Signed: _____
(On Behalf of Employer)

Date: _____

Employer Title: _____

Name of Company: _____

Address: _____

City/State/Zip Code: _____

Phone Number: _____

Fax: _____

Email: _____

cc: Registration Agency

David Nott

(Print Name of Sponsor Representative)

Signed: *David Nott*

(On Behalf of Sponsor)

Date: 11/27/23