

BUREAU OF LABOR AND INDUSTRIES
 APPRENTICESHIP AND TRAINING DIVISION
 TRAINING AGENT APPLICATION FORM

Apprenticeship

Training

Committee: Oregon/SW Washington IUOE Local 701 & AGC JATC MA# 1041

Trade: Universal Equipment Operator Firm _____ Phone: _____

Firm: _____ Firm _____ FAX: _____

Address: _____ Number of Journeymen: _____

Average Wage: \$ _____

Date Firm Established: _____ Name of Owner: _____ CCB or Business License #: _____

Date Owner Acquired Firm: _____ Workers Comp Insurance Carrier & Policy Number: _____

Employer Association: _____ Address: _____

Employee Association: _____ Address: _____

Facilities for Training:

Scope of Work Performed

Statement of Employment Conditions (Complete this only if no employee association is present in this firm.):

The official whose signature follows hereby applies on behalf of this firm for approval as a training agent. If approved, this firm agrees to train in the designated occupation according to the provisions of applicable standards and agreement.

Signature of Firm Official _____ Title: _____ Date: _____

The above named committee hereby approves disapproves* the above employer as a qualified training agent under the standards of this committee in the above named occupation.

Signature and Title for Committee: _____ Approval Date: _____

Verifying Committee Members: _____ Effective Date: _____

* Comments on Reverse