

# AGREEMENT TO TRAIN APPRENTICES

District No. 03

DAS File No. 05044

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 <b>California Tooling &amp; Machining Apprenticeship Association (CTMAA)</b>				
AREA COVERED BY APPRENTICESHIP STANDARDS or NAME AND ADDRESS OF PROJECT <b>Northern California (All Counties)</b>				

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 Richard J. Herman  
 Title Sec. of the Board 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