

NORTHERN CALIFORNIA JOINT APPRENTICESHIP COMMITTEE

14738 Cantova Way Sloughhouse, CA 95683 - (916) 354-2029 - FAX (916) 354-1126

AGREEMENT FOR ADVANCED APPRENTICE TRAINING

Employer: _____ Telephone: _____

Address: _____
Street Number or PO Box City Zip Code

Text

NAME OF JOURNEYMAN APPLYING FOR ADVANCED APPRENTICE TRAINING:

Name: _____ SSN _____

Branch of Training: _____

The official whose signature follows agrees on behalf of the above named Employer to train the above named Journeyman as an Advanced Apprentice.

SIGNED By: _____
Signature Date

Name and Title

Note: a completed Standard Apprenticeship Application, an original DMV printout, and the Application for Advanced Apprentice Training must be supplied by the Applicant with the Agreement.

(SIGNED) By: _____
Director Date