



Washington State Department of
Labor & Industries

Apprenticeship
PO Box 44530
Olympia WA 98504-4530

Approved Training Agent

For Labor and Industries Staff Only	
Apprenticeship Consultant	L&I Admin

Effective Date	Termination Date
----------------	------------------

Employer Name		
Address		
City	State	Zip Code
Contact Person Name	Contact Phone Number	
Contact Email		
Contractor ID Number (if applicable)	UBI Number	
Name of Registered Apprenticeship Program & ID		
Occupation(s) <input type="checkbox"/> check box for all occupations list on Standards of Apprenticeship		

The Employer understands and agrees that participation is voluntary. Failure to adhere to the requirements for apprenticeship established under [RCW 49.04](#), Chapter [296-05 WAC](#), and [29 CFR Parts 29](#) and [29 CFR Part 30](#) could result in the cancelation of the employer's agreement and its ability to participate in the apprentice program.

By signing below, the program sponsor certifies they have reviewed the requirements with the employer and the employer agrees to provide Anti-Harassment training and education to all employees who work with apprentices per [WAC 296-05-407](#).

For the Employer

Signature:	
Print Name:	
Title:	Date signed:

For the Apprenticeship Program:

Signature:		Signature:	
Print Name:		Print Name:	
<input type="checkbox"/> Chair	<input type="checkbox"/> Authorized Signer	Date signed:	<input type="checkbox"/> Chair <input type="checkbox"/> Authorized Signer
		Date Signed:	