



## GENERAL

This form must be completed as evidence that the committee has examined the capabilities of the applicant firm to adequately train apprentices or trainees. Forms are available to committees at any of the Apprenticeship and Training Division offices. NOTE: Check the current determined wage.

## THE EMPLOYER

1. Enter firm name, address, telephone and fax as indicated.
2. Enter the number of qualified journeymen employed in the occupation for which approval for training is being sought.
3. Enter the journeyman rate being paid only for industrial firms or if no employee association is present.
4. Enter the month and year the firm was established.
5. Enter the name of the owner
6. Enter the Construction Contractors Board registration number if applicable or business license number.
7. Enter the month and year that the current owner acquired the firm.
8. Enter the workers' compensation insurance carrier and policy number.
9. Enter the name and address of the employer association if applicable.
10. Enter the name and address of the employee association if applicable.
11. List any tools, equipment, instructor personnel or space available for training under Facilities for Training.
12. List the general nature of work performed in Scope of Work Performed. (This should include the required work process in the standards.)
13. Enter here or attach a copy of company policy as it relates to normal probation or trial periods for new employees, criteria for and sequence of promotion, regular hours of workday and work week, ratio of journeymen to apprentices or trainees and fringe benefit provisions, if any.
14. Signature of firm owner or an authorized representative, title and date to ensure that entries are correct and that the firm authorizes the application.

## THE COMMITTEE

1. Enter the committee name, name of trade and the MA# at the top of the form.
2. Check either approval or disapproval at the bottom of the form.
3. An authorized committee member must sign the form and enter the approval date of the application.
4. Enter the names of committee members who verified employer facilities and the effective date of the application.

*The information or a copy of this form is to be forwarded to the assigned apprenticeship representative for review and recording. The original of this form is to be retained by the committee and be available for inspection by Apprenticeship and Training Division staff.*

COMMENTS: Enter reasons for disapproval or special conditions, such as partial training, limitations, etc.