



WBFAA

Unilateral Apprenticeship and Training Committee

333 Washington Blvd, #433, Marina del Rey, CA 90292
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STATE OF CALIFORNIA DIVISION OF APPRENTICESHIP STANDARDS

APPRENTICESHIP AGREEMENT DAS-1 FORM

All persons entering the WBFAA UATC Fire/Life Safety Technician Apprenticeship and Training Program as an apprentice are required to complete and return an Apprenticeship Agreement (DAS-1) to the WBFAA UATC.

The form must be completed and signed by the individual Apprentice as well as the employer of the Apprentice.

The Apprenticeship Agreement will be reviewed and, if accepted, forwarded to the Division of Apprenticeship Standards for review and acceptance.

If accepted by the DAS, a copy of the signed Apprenticeship Agreement will be sent to the Apprentice and the employer.

INSTRUCTIONS FOR COMPLETING THE DAS 1

- ___ **Please make sure the DAS 1 is on only 1 page and is double-sided.**
- ___ The Apprentice must complete and **sign both sides** of the form.
- ___ The Employer must sign and add company information.
- ___ **ONLY THE ORIGINAL SIGNED FORMS WILL BE ACCEPTED; NO FAXES**

*****DAS 1 FORMS MUST BE RECEIVED BY THE STATE OF CALIFORNIA DAS WITHIN 30 DAYS OF THE EXECUTION DATE. PLEASE ALLOW THE WBFAA UATC ADMINISTRATIVE OFFICE NO LESS THAN THREE (3) BUSINESS DAYS FROM THE 30 DAY LIMIT TO ACKNOWLEDGE AND FORWARD TO THE DAS FOR APPROVAL*****

COMPLETION OF PRIOR EXPERIENCE

This section of the DAS 1 Form is for WBFAA UATC USE ONLY.

Forms with information provided in this section by the company will be returned.

COMPLETE, SIGN, AND MAIL ORIGINAL FORM TO:

WBFAA UATC
333 Washington Blvd. #433
Marina del Rey, CA 90292

D. O.	FILE NUMBER
12	10837

CDE	G	E	STATUS



State of California -- Department of Industrial Relations --DIVISION OF APPRENTICESHIP STANDARDS

APPRENTICE AGREEMENT

APPRENTICE LAST NAME,	FIRST NAME	MIDDLE	SOCIAL SECURITY NUMBER
APPRENTICE ADDRESS (NUMBER AND STREET / CITY, STATE & ZIP)		BIRTHDATE (mm/dd/yyyy)	VETERAN Yes <input type="checkbox"/> No <input type="checkbox"/>
		COUNTY OF RESIDENCE	
OCCUPATION PROTECTIVE SIGNAL INSTALLER (FIRE/LIFE SAFETY)		DOT 822.361-01A	
TERM OF APPRENTICESHIP 6,000 Hours Within 3 Years		STRAIGHT TIME 8 Hours per day: 40 Hours per week:	

This agreement is between the above named apprentice employed by the below named employer, and

WESTERN BURGLAR AND FIRE ALARM ASSOCIATION (WBFAA) UNILATERAL APPRENTICESHIP AND TRAINING COMMITTEE

PROGRAM SPONSOR

AGREEMENT: The undersigned parties mutually agree that they will use their best endeavors to secure employment and training for the apprentice. The apprentice agrees to perform satisfactorily all work and learning assignments. The provisions of the Apprenticeship Standards for the above occupation adopted by the program sponsor and approved by the Chief of the Division of Apprenticeship Standards, are hereby made a part of this agreement. An official copy of the standards is on file in the headquarters of the Division of Apprenticeship Standards. This apprentice agreement will continue in effect until the training is completed or otherwise terminated in accordance with the standards.

The apprentice commences participation under these standards on the date of execution of this agreement by the Apprentice. The signatory apprentice is credited with _____ months toward completion of the term of apprenticeship. The apprentice is expected to complete training on or about _____, 20____, upon satisfactory completion of the total remaining hours of on-the-job training and hours and/or units of related and supplemental instruction.

APPRENTICE: I, the undersigned apprentice, understand and agree that there is a valid and reasonable necessity that those academic records accumulated throughout related and supplemental instruction during my period of apprenticeship be made available to the apprenticeship committee. Further, I agree to release to the apprenticeship committee any other academic records which I feel may enhance my status as an apprentice.

I, the undersigned apprentice, hereby request that the Administrator of Apprenticeship terminate any other apprenticeship agreements in which I am currently registered.

Executed this _____ day of _____, 20____ by _____
DAY MONTH YEAR SIGNATURE OF APPRENTICE

AGREED TO BY THE EMPLOYER

SIGNATURE OF PARENT OR GUARDIAN (IF APPRENTICE IS 16 OR 17)

AGREED TO AND APPROVED BY, FOR THE COMMITTEE

SIGNATURE OF EMPLOYER OR ITS REPRESENTATIVE TITLE

NAME OF EMPLOYER
ADDRESS

SIGNATURE -- SECRETARY / CHAIR / COORDINATOR DATE

ACCEPTED BY DAS

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SIGNATURE -- APPRENTICESHIP CONSULTANT DATE

[for unilateral programs only]
 This agreement is approved by _____

_____ for the Administrator of Apprenticeship

TO THE APPRENTICE: California Civil Code Sec. 1798.17 requires State agencies which collect personal information to indicate the authority under which the data are requested. If personal information, not specifically authorized by law is requested, individuals must be informed that supplying the information is voluntary. It also provides that state agencies may change or modify records at the request of the individual.

Questions C and E below are voluntary. All others are authorized by law, as indicated by the reference in each section. If the authorized questions are not answered, the apprentice agreement cannot be accepted.

The agreements are filed in the Headquarters Office of the Division of Apprenticeship Standards, 455 Golden Gate Ave, 8th Floor, San Francisco, CA 94142. The Supervising Clerk is in charge of the Records (telephone 415-703-4920). Questions or requests regarding these records should be addressed to the Supervising Clerk. Information is not transferred in any form which would identify an individual. Information collected on the Apprentice Questionnaire is used to measure, over a period of years, changes in the characteristics of apprentices. Ethnic information and Gender are used to measure the extent of compliance on the part of program sponsors with the California Plan for Equal Opportunity in Apprenticeship.

The Division hopes, through collection of this data, to improve the apprenticeship program both for those presently enrolled and for future apprentices. Thank you.

CALIFORNIA APPRENTICE QUESTIONNAIRE (USE INK OR BALLPOINT PEN)

A. Gender

- Male Female

(Cal. Code of Regulations, Title 8, Ch. 2, Sec. 215)

B. Ethnic or Race Derivation (Check only one)

- 01 WHITE (Not of Hispanic Origin) -- A person having origins in any of the original peoples of Europe, North Africa or the Middle East.
- 02 BLACK (Not of Hispanic Origin) -- A person having origins in any of the Black racial groups of Africa.
- 03 ASIAN OR PACIFIC ISLANDER -- A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. The area includes, for example, China, Japan, Korea and Samoa.
- 04 AMERICAN INDIAN OR ALASKAN NATIVE -- A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.
- 06 FILIPINO (Cal. Gov. Code Sec. 11092)
- 07 HISPANIC -- A person of Mexican, Puerto Rican, Cuban, South Central American or other Spanish culture or origin, regardless of race.

(Cal. Labor Code, Ch. 4, div. 3, Sec. 151)

C. Number of Dependents (Do not count yourself)

- 0 None 4 Four
- 1 One 5 Five
- 2 Two 6 Six or More
- 3 Three

(Voluntary)

D. Highest Year of Education Completed

- | | |
|--|---|
| 1 <input type="checkbox"/> 8th Grade or less | 6 <input type="checkbox"/> 1 Year of College |
| 2 <input type="checkbox"/> 9th Grade | 7 <input type="checkbox"/> 2 Years of College |
| 3 <input type="checkbox"/> 10th Grade | 8 <input type="checkbox"/> 3 Years of College |
| 4 <input type="checkbox"/> 11th Grade | 9 <input type="checkbox"/> 4 or more Years of College |
| 5 <input type="checkbox"/> 12th Grade (or GED Certificate) | |

(Cal. Labor Code, Ch. 4, div. 3, Sec. 3076.3)

E. Number of Years You Have Been Employed Full Time to Date (Except for Military Service)

- 0 None
- 1 Less Than 1
- 2 Year 1 But Less Than 2 Years
- 3 2 But Less Than 3 Years
- 4 3 But Less Than 4 Years
- 5 4 But Less Than 5 Years
- 6 5 Years or More

(Voluntary)

F. Have You Served on Active Duty (other than reserve status) in the U. S. Armed Forces?

- Yes No

If yes, Please Enter:

Month and Year Entered _____

Month and Year Separated _____

Total Months served on Active Duty _____

(Title 38, U. S. Code)

Apprentice's Signature _____