



WBFAA UATC NEW MEMBER CHECKLIST

(Please enclose checklist with completed forms.)

All new companies enrolling in the WBFAA UATC Apprenticeship Program must complete the following steps to enter the Program. The procedures are listed in chronological order and should be used as a checklist to complete the process properly. Please review the WBFAA UATC Employer Handbook prior to submitting the forms to the WBFAA UATC Training Office. All forms listed below can be found in the "Forms" page on this website.

Company

- WBFAA UATC New Company Technician Registration Roster
- WBFAA UATC Assent Letter (according to Schedule A)
 - Agreement between Participating Company and the WBFAA UATC that the undersigning company is a member of the California Alarm Association (CAA) and/or the California Automatic Fire Alarm Association (CAFAA) and will provide accurate records to the WBFAA UATC on an ongoing basis. The participating company also agrees to the payment schedule, according to Schedule A, based on number of technicians reported on a monthly basis.
- DAS 7 Form (Agreement to Train Apprentices)
 - Agreement between Participating Company and the State of California Division of Apprenticeship Standards (DAS). The agreement signifies the company will comply with the guidelines set forth by the Program Sponsor (WBFAA UATC) and will train the Apprentices under the provisions as outlined in the WBFAA UATC Employer Handbook.

Note to Company Employing Apprentices: There must be at least one (1) certified Journeyman for every one (1) Apprentice enrolled in the Program at all times to adhere to the ratio requirements as outlined in the WBFAA UATC Employer Handbook (Article XV).

Apprentice

- DAS 1 Form (Apprentice Agreement)
 - Agreement between the Apprentice, Employer and the State of California DAS that the Apprentice will comply with the guidelines set forth by the Program Sponsor (WBFAA UATC) as outlined in the Employer and Apprentice Handbooks.
 - Please refer to the DAS 1 Instructions for proper completion of this form. **The State of California DAS will not accept a DAS 1 Form which is not properly submitted.**
- Apprentice Affirmation Form
 - Agreement between the Apprentice and the WBFAA UATC that the Apprentice has read the WBFAA UATC Apprentice Handbook and understands the drug/alcohol policy, as outlined in the Handbook.

Journeyman

- WBFAA UATC Journeyman Registration Form
 - Registers a certified technician into the WBFAA UATC Journeyman Program and gives him/her access to the Catalog of Online Courses found in the Technician Education and Apprenticeship Management (TEAM) Portal. Individuals who are enrolled in the Journeyman Program have access to all Continued Education Courses (online/physical) offered by, or through, the WBFAA UATC, free of charge.

Initiation Fees (Schedule A)

CAA or CAFAA Members: No Initiation Fee for any Member Company of the California Alarm Association (CAA) and/or the California Automatic Fire Alarm Association (CAFAA).

Nonmembers of CAA or CAFAA: Initiation Fee of \$150 per technician (all Journeyman and Apprentices performing Fire / Life Safety Work).

- This one-time fee, that can be made payable to the WBFAA UATC, covers all technicians currently employed with the company upon entrance into the Program.
- The company is thereafter exempt from paying an Initiation Fee for any incoming technicians reported to the WBFAA UATC Training Office in the future, as their name(s) and status will be reflected in the following month's training fee invoice and attached roster.

Total Fees (Member Company of CAA or CAFAA)

_____ Total Number of Technicians (total number of Apprentices + total number of Journeymen)
 x \$25.00 (billed \$25.00 monthly thereafter)
 = \$ _____ **TOTAL DUE**

Total Fees (Nonmember Company of CAA or CAFAA)

_____ Total Number of Technicians (total number of Apprentices + total number of Journeymen)
 x \$150.00 (billed \$75.00 monthly thereafter)
 = \$ _____ **TOTAL DUE**

Fee due with application; made payable to the WBFAA UATC.



WBFAA Unilateral Apprenticeship & Training Committee

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

Phone: (800) 809-0280

Fax: (800) 809-0281

info@wbfaa.net

www.wbfaa.net

**California C10 Contractor
Employer Letter of Assent for CAA/CAFAA Member**

Western Burglar and Fire Alarm Association (WBFAA)
Unilateral Apprenticeship and Training Trust (TRUST)

The undersigned (Company) certifies that it is an active regular member of either the California Alarm Association (CAA) or the California Automatic Fire Alarm Association (CAFAA), and is an active California C10 Electrical Contractor. The undersigned agrees to participate in the WBFAA Unilateral Apprenticeship and Training Program (Program), and further agrees that in consideration of such participation remit to the Trust, payments required by the Trust pursuant to the payment schedule established by the Board of Directors of the WBFAA, and approved by the Board of Directors of the CAA and CAFAA. The payment schedule may be modified from time to time by such boards. A copy of the current payment schedule is attached hereto as Schedule A. Company agrees to provide the WBFAA and Trust with true, complete and accurate employee records (including time card records) reasonably necessary to permit the WBFAA and Trust to determine the payments due from Company pursuant to the payment schedule.

Company acknowledges that by virtue of executing this letter of assent, that Company and its qualified employees are entitled to all of the benefits of the Program. The undersigned affirms that it has received all pertinent information regarding the Program and the fees required for participation in the Program, and agrees to be bound by and comply with the rules and procedures of the Program.

The person signing this letter of assent certifies and affirms that he/she is authorized to execute this document on behalf of the Company.

Name of Company _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____

E-mail _____

California State C10 Contractor's License # _____

By _____ Title _____

Print Name _____ Date _____, 20____



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Schedule A for CAA/CAFAA Member

Fee requirements for all employers
participating in the Apprenticeship Program
and who have signed a Letter
of Assent for Member Companies.

Each employer signing a Letter of Assent for Member Companies is required to pay in the WBFAA Training Trust.

For each technical employee performing any Fire/Life Safety field work the fee shall be \$25 per month per employee.

The \$25 monthly fee shall be due and payable on the 15th of the month for work performed during the current month, regardless of the number of Fire/Life Safety hours worked in the reporting month.

The Employer shall remit the total monthly amount due accompanied by the invoice provided by the Training Office.

The first monthly payment shall be due with the application for membership.

Checks made payable to:
WBFAA UATC
333 Washington Blvd. #433
Marina del Rey, CA 90292
(800) 809-0280

AGREEMENT TO TRAIN APPRENTICES

District No. 13

DAS File No. 10837

NAME OF EMPLOYER				
MAILING ADDRESS (STREET AND NUMBER)		CITY	STATE	TELEPHONE NUMBER
ADDRESS OF TRAINING LOCATION (IF DIFFERENT)				
OCCUPATION(S) PROTECTIVE SIGNAL INSTALLER (FIRE/LIFE SAFETY, VOICE DATA, VIDEO & ELECTRONIC SECURITY TECHNICIAN)				DOT No. 822.361-01A
NAME OF APPRENTICESHIP COMMITTEE AND STANDARDS WBFAA UNILATERAL APPRENTICESHIP AND TRAINING COMMITTEE				
AREA COVERED BY APPRENTICESHIP STANDARDS or NAME AND ADDRESS OF PROJECT ALL CALIFORNIA COUNTIES				

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 _____
Title _____ 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

State of California
Division of Apprenticeship Standards
DAS 1: Apprentice Agreement



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

The form must be completed and signed by the individual apprentice and their employer.

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 their employer.

Completing the DAS 1:

- ___ Form must be **1 page, double-sided**
- ___ Apprentice must complete and **sign both sides** of the form
- ___ Employer must sign and add company information
- ___ Page 1, "Agreement" section: Leave blank for WBFAA UATC to complete
- ___ Only **original signed forms** will be accepted (no faxes or e-mails)

Note: 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 3 business days prior to the 30-day limit to acknowledge and forward this document to the DAS for approval.

Complete, sign and mail original form to:

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333 Washington Blvd. #433 • Marina del Rey, CA 90292
Phone: (800) 809-0280 • Fax: (800) 809-0281
info@wbfaa.net • www.wbfaa.net

D. O.	FILE NUMBER
13	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/VOICE/DATA/VIDEO)			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

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 <input type="checkbox"/> None | 4 <input type="checkbox"/> Four |
| 1 <input type="checkbox"/> One | 5 <input type="checkbox"/> Five |
| 2 <input type="checkbox"/> Two | 6 <input type="checkbox"/> Six of More |
| 3 <input type="checkbox"/> 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 <input type="checkbox"/> None |
| 1 <input type="checkbox"/> Less Than 1 |
| 2 <input type="checkbox"/> Year 1 But Less Than 2 Years |
| 3 <input type="checkbox"/> 2 But Less Than 3 Years |
| 4 <input type="checkbox"/> 3 But Less Than 4 Years |
| 5 <input type="checkbox"/> 4 But Less Than 5 Years |
| 6 <input type="checkbox"/> 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 _____

WBFAA UATC FIRE/LIFE SAFETY TECHNICIAN



APPRENTICESHIP HANDBOOK AFFIRMATION

I affirm that I have read the WBFAA UATC Apprenticeship Handbook and agree to abide by the policies outlined for the WBFAA UATC Fire/Life Safety Technician Apprenticeship and Training Program.

PRINT NAME	SIGNATURE	DATE
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ACADEMIC RELEASE FORM

I, _____, authorize the release of all academic records related to my participation in the WBFAA UATC Fire/Life Safety Apprenticeship Program to:

WBFAA Unilateral Apprenticeship and Training Committee
333 Washington Blvd. #433
Marina del Rey, CA 90292

PRINT NAME	SIGNATURE	DATE
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CELL/HOME PHONE	WORK/OFFICE PHONE	E-MAIL
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ALCOHOL AND CHEMICAL SUBSTANCE ABUSE STATEMENT

In order to assure that the policy outlined in the Apprenticeship Handbook is fully understood, each apprentice shall sign the following Alcohol and Chemical Substance statement as a condition to his/her registration into the apprenticeship program:

I Understand that if there is reasonable cause to believe that I am under the influence of alcohol, drugs or other controlled substances at any time during my work hours or in the classroom, I may be requested to report immediately to a physician, medical clinic, laboratory or hospital designated by my employer for alcohol and/or substance abuse testing. If I refuse to report, I may be disciplined, up to and including suspension from the apprenticeship program.

If testing is conducted and the report confirms that I was under the influence of alcohol, drugs or other controlled substances, I may be disciplined, up to and including suspension or termination from the program.

PRINT NAME	SIGNATURE	DATE
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COMPLETE, SIGN AND MAIL TO:

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333 Washington Blvd. #433 • Marina del Rey, CA 90292
Phone: (800) 809-0280 • Fax: (800) 809-0281
info@wbfaa.net • www.wbfaa.net

Journeyman Registration Form



WBFAA Unilateral Apprenticeship & Training Committee Protective Signal Installer (Fire/Life Safety) Technicians

JOURNEYMAN

A Journeyman is a person who has either:

- Completed an accredited apprenticeship in his/her craft, or
- Completed the equivalent of an apprenticeship program in length and content of work experience and all other requirements in the craft which has workers classified as journeyman in the apprenticeable occupation.

WBFAA UATC standards state a Journeyman has taken and passed the State of California Fire/Life Safety Certification Exam.

BENEFITS FOR A JOURNEYMAN REGISTERED IN THE WBFAA UATC

A journeyman who participates in the WBFAA UATC Journeyman Program receives the following:

- Access to specialized online courses for continuing education (TEAM Portal)
- Practice material for the State of California Certification Exam
- Remedial and skills upgrading

ALL FIELDS BELOW MUST BE COMPLETED Please Print Clearly

Journeyman's Name: _____

Employer (Member Company): _____ Branch/City: _____

Journeyman's Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: (____) _____ Work Phone: (____) _____

Fax: (____) _____ E-Mail: _____
(A unique e-mail address required to access the TEAM Portal.)

California State Certification #: _____ Exp. Date: _____
(Certification number is on your blue certification card.)

Journeyman's Signature: _____ Date: _____ 20____

Print Name (Employer): _____ Title: _____

Employer's Signature: _____ Date: _____ 20____

COMPLETE, SIGN AND SEND TO:
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