



W B F A A

Unilateral Apprenticeship and Training Committee
333 Washington Blvd. #433, Marina del Rey, CA 90292
TEL 800/809-0280 www.wbfaa.net info@wbfaa.net

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 administrative office. All forms listed forms below can be found on our website www.wbfaa.net in the FORMS section.

Company

- WBFAA Assent Letter (According to Schedule A)
 - Agreement between Participating Company and the WBFAA UATC that they are a member of CAA and/or 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 between Participating Company and the State of California 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.

IMPORTANT: 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 (Please refer to **DAS 1 Instructions** for proper completion of this form)
 - Agreement between Apprentice, Employer, and State of California DAS to comply with guidelines set forth by the program sponsor (WBFAA UATC) as outlined in the Employer and Apprentice Handbooks
- Apprentice Affirmation Form
 - Agreement between 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 Program Registration Form
 - Registers a certified technician into the Journeyman Program and allows the technician access to the WBFAA UATC Continuing Education Program (TEAM Portal)

TOTAL INITIATION FEES (Member Company of CAA or CAFAA)

Total # of Apprentices _____

Total # of Journeymen _____

TOTAL TECHNICIANS _____ X \$25 = **TOTAL DUE: \$** _____

TOTAL INITIATION FEES (NON-Member Company of CAA or CAFAA)

Total # of Apprentices _____

Total # of Journeymen _____

TOTAL TECHNICIANS _____ X \$150 = **TOTAL DUE: \$** _____

Please contact the WBFAA UATC Administrative Office for further information



WBFAA UATC
 333 Washington Blvd. #433
 Marina del Rey, CA 90292
 800/809-0280 FAX 800/809-0281

**WESTERN BURGLAR AND FIRE ALARM ASSOCIATION ("WBFAA")
 UNILATERAL APPRENTICESHIP AND TRAINING TRUST ("TRUST")**

**CALIFORNIA C10 CONTRACTOR
 EMPLOYER LETTER OF ASSENT FOR CAA/CAFAA MEMBER**

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 (the "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 (____) _____

Email _____

California State C10 Contractor's License # _____

By _____ Title _____

Print Name _____ Date _____, 20____



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WBFAA UNILATERAL APPRENTICESHIP AND TRAINING TRUST

**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.

Please make checks payable to:

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

AGREEMENT TO TRAIN APPRENTICES

District No. 12

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 & Electronic Systems Installer)				O*Net Code 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				

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**
- Other**

Accepted:
DIVISION OF APPRENTICESHIP STANDARDS

EFFECTIVE DATE

[SIGNED] By Date

Apprenticeship Consultant

REMARKS:

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF APPRENTICESHIP STANDARDS



WBFAA

Unilateral Apprenticeship and Training Committee

333 Washington Blvd, #433, Marina del Rey, CA 90292
800/809-0280 FAX: 800/809-0281 www.WBFAA.net info@wbfaa.net

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 will be returned to the company.

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 & Electronic Systems Installer)				O*Net 822.361-01A	
TERM OF APPRENTICESHIP 6000 Hours Within		STRAIGHT TIME 3 Years		8 Hours per day: 40 Hours per week:	

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

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 having _____ 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 None Four
- 1 One Five
- 2 Two Six of 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 _____



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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

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

PRINT NAME

SIGNATURE

DATE

CELL/HOME PHONE

WORK/OFFICE PHONE

EMAIL

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

COMPLETE, SIGN, AND MAIL TO:

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



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

JOURNEYMAN PROGRAM

JOURNEYMAN

A journeyman means a person who has either:

- 1). Completed an accredited apprenticeship in his/her craft, or
- 2). 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.

For the WBFAA UATC, a journeyman is a person who has taken and passed the State of California Fire/Life Safety Certification Exam.

BENEFITS FOR A JOURNEYMAN REGISTERED IN THE WBFAA UATC

There are advantages for a journeyman who participates in the WBFAA UATC Journeyman Program. These include:

- 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

Your Name _____

Employer (Must be WBFAA UATC Member) _____

Residential Address _____

City _____ State _____ Zip _____

Cell Phone () _____ Work Phone() _____

Fax () _____ E-Mail _____
(E-Mail Address will be your log-in name to access TEAM Portal)

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

Signature _____ Date _____ 20 _____

Employer Signature _____ Date _____ 20 _____

Print Name (Employer) _____ Title _____

COMPLETE, SIGN AND MAIL/FAX/OR E-MAIL TO:

WBFAA UATC

333 Washington Blvd. #433

Marina del Rey, CA 90292

PHONE 800/809-0280 FAX 800/809-0281