NAME OF EMPLOYER MAILING ADDRESS (STREET AND NUMBER) CITY STATE ZIP CODE TELEPHONE NUMBER ADDRESS OF TRAINING LOCATION (IF DIFFERENT)

13

District No.

PROTECTIVE SIGNAL INSTALLER

(FIRE/LIFE SAFETY, VOICE DATA, 822.361-01A

VIDEO & ELECTRONIC SECURITY TECHNICIAN)

NAME OF APPRENTICESHIP COMMITTEE AND STANDARDS

OCCUPATION(S)

WBFAA UNILATERAL APPRENTICESHIP AND TRAINING COMMITTEE

AREA COVERED BY APPRENTICESHIP STANDARDS or NAME AND ADDRESS OF PROJECT

AGREEMENT TO TRAIN APPRENTICES

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
HE APPRENTICESHIP COM esignated occupation.	MITTEE accepts and approves the employer as c	qualified to train apprentices under its standards in the
[SIGNED] By		
Printed name		Revoked
Title	Date	End of Project (Enter project name and address in Area Covered above) Date
Accepted: DIVISION OF APPRENTI	CESHIP STANDARDS	OtherSpecify
EFFECTIVE DA	[SIGNED] By	Dateenticeship Consultant

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF APPRENTICESHIP STANDARDS

REMARKS: