

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

Email: info@wbfaa.net

NEW HIRE PLACEMENT GUIDE FOR MEMBER COMPANIES

This is a guide on how to categorize your newly hired technician into the WBFAA UATC training program.

Journeyman

Definition: A technician who has a current certification card with the state of California, in either the Fire/Life Safety or General Electrician classification and needs to be registered with the WBFAA to receive continuing education benefits to fulfill the 32 hours for renewal every three years.

Action: New hire fills out Journeyman registration form and signs it. Employer or supervisor then signs form and either scans and emails it to admin@wbfaa.net or Fax the form to (800)-809-0281

“Pending” Journeyman

Definition: Pending Journeyman are technicians who possess 4,000 hours or more of qualifying experience to take the state exam **or** a technician who has an expired certification with the state.

Action: When you enter your new hire as a pending Journeyman fill out a WBFAA journeyman registration form write or type **“PENDING”** on the certification line then fax to 800-809-0281 or scan and email the form to admin@wbfaa.net the WBFAA training office will respond with the following documents: **State prep material, State application (expired journeyman request expired application) and the Social security work history report form.**

Apprentice

Definition: Any individual that has never been certified by the state of California as a journeyman and does not have the required 4,000 hours of related experience to take the state exam.

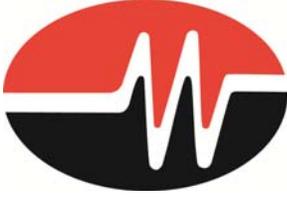
Action: Mail the original DAS-1 (one page, double sided and signed) and the Apprentice Handbook Affirmation form and the 671 form from the DOL to the WBFAA Training office.

Basic apprentice guidelines for apprentice compliance:

- Report monthly On-the-Job Training hours on the 5th of the month for the prior month
- Complete online coursework on or before deadlines outlined in the academic calendar
- Be in attendance and pass midterm and final labs.

All forms can be found at www.wbfaa.net Click on the FORMS tab

If you should have any questions on this process please contact the WBFAA UATC Training office at 800-809-0280 or Email: admin@wbfaa.net



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

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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	ZIP CODE	TELEPHONE NUMBER
ADDRESS OF TRAINING LOCATION (IF DIFFERENT)				
OCCUPATION(S)			DOT No.	
PROTECTIVE SIGNAL INSTALLER (FIRE/LIFE SAFETY, VOICE DATA, VIDEO & ELECTRONIC SECURITY TECHNICIAN)			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:

WBFAA Unilateral Apprenticeship & Training Committee
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Phone: (800) 809-0280 • Fax: (800) 809-0281
info@wbfaa.net • www.wbfaa.net

D. O.	FILE NUMBER
13	10837

A	B	C	D	E	Official Use
Gender	Ethnic	Dependents	Education	Yrs Employ	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)		F - VETERAN Yes: <input type="checkbox"/> No: <input type="checkbox"/>
			COUNTY OF RESIDENCE		
OCCUPATION Fire/Life Safety, Voice Data, Video & Electronic Security Technician				O*Net code 49-2098.00	
TERM OF APPRENTICESHIP 6000 Hours Within 3 Years		STRAIGHT TIME Hours per day: 8 Hours per week: 40			

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

Wbfaa Uatc

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 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)

<p>A. Gender</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p><small>(Cal. Code of Regulations, Title 8, Ch. 2, Sec. 215)</small></p> <p>B. Ethnic or Race Derivation (Check only one)</p> <p>1 <input type="checkbox"/> WHITE (Not of Hispanic Origin) -- A person having origins in any of the original peoples of Europe, North Africa or the Middle East.</p> <p>2 <input type="checkbox"/> BLACK (Not of Hispanic Origin) -- A person having origins in any of the Black racial groups of Africa.</p> <p style="margin-left: 20px;">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.</p> <table style="width: 100%; border: none;"> <tr><td style="width: 5%;">A</td><td><input type="checkbox"/> Asian</td><td>Asian Indian</td></tr> <tr><td>C</td><td><input type="checkbox"/> Asian</td><td>Chinese</td></tr> <tr><td>D</td><td><input type="checkbox"/> Asian</td><td>Cambodian</td></tr> <tr><td>6</td><td><input type="checkbox"/> Asian</td><td>Filipino</td></tr> <tr><td>E</td><td><input type="checkbox"/> Asian</td><td>Hmong</td></tr> <tr><td>J</td><td><input type="checkbox"/> Asian</td><td>Japanese</td></tr> <tr><td>K</td><td><input type="checkbox"/> Asian</td><td>Korean</td></tr> <tr><td>L</td><td><input type="checkbox"/> Asian</td><td>Laotian</td></tr> <tr><td>M</td><td><input type="checkbox"/> Asian</td><td>Malaysian</td></tr> <tr><td>P</td><td><input type="checkbox"/> Asian</td><td>Pakistani</td></tr> <tr><td>R</td><td><input type="checkbox"/> Asian</td><td>Sri Lankan</td></tr> <tr><td>T</td><td><input type="checkbox"/> Asian</td><td>Taiwanese</td></tr> <tr><td>U</td><td><input type="checkbox"/> Asian</td><td>Thai</td></tr> <tr><td>V</td><td><input type="checkbox"/> Asian</td><td>Vietnamese</td></tr> <tr><td>F</td><td><input type="checkbox"/> Native Hawaiian</td><td>Fijian</td></tr> <tr><td>G</td><td><input type="checkbox"/> Native Hawaiian</td><td>Guamanian</td></tr> <tr><td>H</td><td><input type="checkbox"/> Native Hawaiian</td><td>Hawaiian</td></tr> <tr><td>S</td><td><input type="checkbox"/> Native Hawaiian</td><td>Samoaan</td></tr> <tr><td>W</td><td><input type="checkbox"/> Native Hawaiian</td><td>Tongan</td></tr> </table> <p>4 <input type="checkbox"/> 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.</p> <p><input type="checkbox"/> HISPANIC -- A person of Mexican, Puerto Rican, Cuban, South Central American or other Spanish culture or origin, regardless of race.</p> <p>7</p> <p><small>(Cal. Labor Code, Ch. 4, div. 3, Sec. 151)</small></p>	A	<input type="checkbox"/> Asian	Asian Indian	C	<input type="checkbox"/> Asian	Chinese	D	<input type="checkbox"/> Asian	Cambodian	6	<input type="checkbox"/> Asian	Filipino	E	<input type="checkbox"/> Asian	Hmong	J	<input type="checkbox"/> Asian	Japanese	K	<input type="checkbox"/> Asian	Korean	L	<input type="checkbox"/> Asian	Laotian	M	<input type="checkbox"/> Asian	Malaysian	P	<input type="checkbox"/> Asian	Pakistani	R	<input type="checkbox"/> Asian	Sri Lankan	T	<input type="checkbox"/> Asian	Taiwanese	U	<input type="checkbox"/> Asian	Thai	V	<input type="checkbox"/> Asian	Vietnamese	F	<input type="checkbox"/> Native Hawaiian	Fijian	G	<input type="checkbox"/> Native Hawaiian	Guamanian	H	<input type="checkbox"/> Native Hawaiian	Hawaiian	S	<input type="checkbox"/> Native Hawaiian	Samoaan	W	<input type="checkbox"/> Native Hawaiian	Tongan	<p>C. Number of Dependents (Do not count yourself)</p> <table style="width: 100%; border: none;"> <tr><td>0</td><td><input type="checkbox"/> None</td><td>4</td><td><input type="checkbox"/> Four</td></tr> <tr><td>1</td><td><input type="checkbox"/> One</td><td>5</td><td><input type="checkbox"/> Five</td></tr> <tr><td>2</td><td><input type="checkbox"/> Two</td><td>6</td><td><input type="checkbox"/> Six or More</td></tr> <tr><td>3</td><td><input type="checkbox"/> Three</td><td></td><td></td></tr> </table> <p><small>(Voluntary)</small></p> <p>D. Highest Year of Education Completed</p> <table style="width: 100%; border: none;"> <tr><td>1</td><td><input type="checkbox"/> 8th Grade or less</td><td>6</td><td><input type="checkbox"/> 1 Year of College</td></tr> <tr><td>2</td><td><input type="checkbox"/> 9th Grade</td><td>7</td><td><input type="checkbox"/> 2 Years of College</td></tr> <tr><td>3</td><td><input type="checkbox"/> 10th Grade</td><td>8</td><td><input type="checkbox"/> 3 Years of College</td></tr> <tr><td>4</td><td><input type="checkbox"/> 11th Grade</td><td>9</td><td><input type="checkbox"/> 4 or more Years of College</td></tr> <tr><td>5</td><td><input type="checkbox"/> 12th Grade (or GED Certificate)</td><td></td><td></td></tr> </table> <p><small>(Cal. Labor Code, Ch. 4, div. 3, Sec. 3076.3)</small></p> <p>E. Number of Years You Have Been Employed Full Time to Date (Except for Military Service)</p> <table style="width: 100%; border: none;"> <tr><td>0</td><td><input type="checkbox"/> None</td></tr> <tr><td>1</td><td><input type="checkbox"/> Less Than 1 Year</td></tr> <tr><td>2</td><td><input type="checkbox"/> 1 But Less Than 2 Years</td></tr> <tr><td>3</td><td><input type="checkbox"/> 2 But Less Than 3 Years</td></tr> <tr><td>4</td><td><input type="checkbox"/> 3 But Less Than 4 Years</td></tr> <tr><td>5</td><td><input type="checkbox"/> 4 But Less Than 5 Years</td></tr> <tr><td>6</td><td><input type="checkbox"/> 5 Years or More</td></tr> </table> <p><small>(Voluntary)</small></p> <p>F. Have You Served on Active Duty (other than reserve status) in the U. S. Armed Forces?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, Please Enter:</p> <p>Month and Year Entered _____</p> <p>Month and Year Separated _____</p> <p>Total Months served on Active Duty _____</p> <p style="margin-top: 20px;">Apprentice's Signature _____</p>	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 or More	3	<input type="checkbox"/> Three			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)			0	<input type="checkbox"/> None	1	<input type="checkbox"/> Less Than 1 Year	2	<input type="checkbox"/> 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
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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
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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.

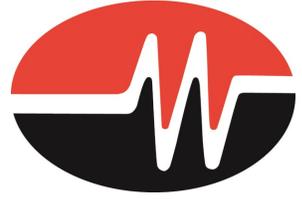
If testing is conducted and the report confirms that I was under the influence of alcohol, drugs or other controlled substances, I may be disciplined, up to and including suspension or termination from the program.

PRINT NAME	SIGNATURE	DATE
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COMPLETE, SIGN AND MAIL TO:

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

WBFAA UATC New Apprentice Orientation



Please call the WBFAA UATC office at 800-809-0280 for a 10-minute orientation to the program.
Office hours are Monday - Friday 6:00 a.m. - 5:00 p.m.
Print a copy of this page for your use during the orientation. **Your registration with the Division of Apprenticeship Standards is not complete until this orientation is done.**

As a semester 1 apprentice, you are on probation for the first semester and can be removed from the program, without cause for failure to comply with mandatory attendance for Webinars and labs, online course module benchmarks/deadlines,

Pre-entry introduction to the WBFAA UATC

- Confirm mailing address & email address, computer, internet access, reliable transportation.
- The purpose of the program
- Login with your last name all lower case and TEAM Portal login email over the phone, click on **“My Transcript”** to access classes.
- Class structure - **3 years (6 semesters) AND Monthly OJTs until 6000 hours is reached.**
- Mileage reimbursement (Current IRS rate per mile after 80 miles' roundtrip)
- OJT hours – Log OJTs online under **“Compliance Manager”** on TEAM Portal Profile.
- **Always keep your WBFAA ID Card on you while on the job. It is proof of your eligibility to work in the Fire Life Safety field as a registered Apprentice.**

Name: _____
Date: _____
Time: _____
WBFAA UATC Staff
Member: _____

WBFAA UATC: 5 Ways to Be a Successful Apprentice

1. Before classes start
 - Apply online to Chabot College – Instructions have been emailed to you. – **THIS IS MANDATORY** – You will NOT receive credit for the program if you do not apply.
 - Send WBFAA UATC YOUR Student ID# (This is referred to as your W#, it starts with a “W”) as and your CCCId and Application number proof of enrollment. It will be sent to you by email from Chabot 1 to 3 days after enrolling. See attached sample email.
 - Purchase your Textbook (Found at www.wbfaa.net, click on **“APPRENTICE”** and the link to purchase, **scroll down, textbook will appear**) It is the Apprentice’s responsibility to purchase their book. You can check with employer for other arrangements.
2. Starting class
 - First semester apprentices must view two online orientations. There is a link on the Semester One Team Portal under “COURSES” labeled “Apprentice Orientation” and another labeled “OJT Orientation.”
 - All apprentices must log in to their TEAM Portal www.wbfaatraining.net account by the end of the first week of class. If there are technical issues, they should be resolved by contacting technical support at (502) 254-1506.
 - **Your instructor is your primary contact for any issues related to coursework and is available to assist you at any time throughout the semester during a reasonable time frame.**
3. Meet deadlines
 - First week of class: Inform your instructor and the WBFAA UATC Training Office if you have any conflicts with lab dates.
 - Semester due dates: Follow the **SPRING 2024 Academic Calendar**. (Found at www.wbfaa.net/Forms)
 - Mandatory online **WEBINAR** classes (**DIFFERENT FROM PORTAL**) one hour per week on NFPA 2013, NFPA 2011 and California Fire Code you must be on time to the webinar. If you are late more than 10 minutes you will need to make-up the webinar.
 - By the 5th of each month: Log your On-the-Job Training hours by logging into www.wbfaatraining.net, click on “Compliance Manager.”
4. Be responsive – **CHECK YOUR SPAM FOLDER FOR EMAILS**
 - Weekly e-bulletins (WBFAA UATC communication)
 - TEAM Portal Messages
 - *Be responsive. If someone contacts you regarding your classes (training office, instructors, technical support, employer), respond at your earliest convenience.
5. Keep contact
 - Contact your company’s liaison for any information or assistance they could provide you.
 - Academic assistance:

Semester 1 and 6
Pam McKean
(209) 603-0471
pam@wbfaa.net

Semesters 3 and 4
Andrew Miguel
(559) 347-8967
andrew@wbfaa.net

Semesters 2 and 5
Jason DeGuzman
(818) 267-5839
Jason@wbfaa.net

Live Webinar Instructor
Andy Nesky
(412) 779-5578
Andy@wbfaa.net

Technical Support: Issues with the TEAM Portal **Example:** You passed a module, but it shows incomplete in transcript.

- (502) 254-1506
- support@wbfaatraining.net (Often it helps to switch browser, CHROME seems to work best)
- WBFAA UATC: Any issues that arise relating to your performance and standing in the program
Call (800) 809-0280 or Email: info@wbfaa.net
 - For anonymous comments, suggestions or complaints: Email: chairman@wbfaa.net

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Journeyman Registration Form



WBFAA Unilateral Apprenticeship & Training Committee Protective Signal Installer (Fire/Life Safety/Voice Data Video) 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/Voice Data Video 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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