

Department of Labor and Industries
Apprenticeship Section
PO Box 44530
Olympia WA 98504-4530



**TRAINING AGENT AGREEMENT AND
UNDERSTANDING OF EQUAL EMPLOYMENT
OPPORTUNITY (EEO) REQUIREMENTS OF
THE APPRENTICESHIP COMMITTEE
ALTERNATE SELECTION PROCESS**

The following training agent subscribes and agrees to comply with the requirements in the apprenticeship program standards registered as Greater Spoknae Apprenticeship Training (GSAT) with the Washington State Apprenticeship and Training Council (WSATC), hereby agrees, in consideration of their participation in the registered program:

1. To comply with the Equal Employment Opportunity (EEO) requirements of the WSATC; the U.S. Department of Labor's Equal Opportunity regulation 29 CFR Part 30; and the pledge, EEO plan and selection method filed by the name Apprenticeship Committee and approved by the WSATC and the Office of Apprenticeship, Training, Employer and Labor Services (OATELS), as being in conformity with the requirements of the EEO Plan of the WSATC, WAC 296-05, RCW 49.04, and 29 CFR Part 30; and
2. To have their name removed as a training agent from the above named program after a WSATC and/or OATELS finding of failure to adhere to the above EEO requirements, and
3. Notification of removal of as a training agent from participation in the above named apprenticeship program to be furnished to the Apprenticeship Section, Department of Labor and Industries, by the Apprenticeship Committee.

Company Name

Company Representative Name/Title

Date

Signature

Brenda Hamilton/Training Director

Program Representative Name/Title

Signature

Date



Apprenticeship
PO Box 44530
Olympia WA 98504-4530

Approved Training Agent

| For Labor and Industries Staff Only | |
|-------------------------------------|-----------|
| | |
| Apprenticeship Consultant | L&I Admin |

| | |
|----------------|------------------|
| Effective Date | Termination Date |
|----------------|------------------|

| | | |
|--|----------------------|----------|
| Employer Name | | |
| Address | | |
| City | State | Zip Code |
| Contact Person Name | Contact Phone Number | |
| Contact Email | | |
| Contractor ID Number (if applicable) | UBI Number | |
| Name of Registered Apprenticeship Program & ID | | |
| Occupation(s) <input type="checkbox"/> check box for all occupations list on Standards of Apprenticeship | | |

The Employer understands and agrees that participation is voluntary. Failure to adhere to the requirements for apprenticeship established under [RCW 49.04](#), Chapter [296-05 WAC](#), and [29 CFR Parts 29](#) and [29 CFR Part 30](#) could result in the cancelation of the employer's agreement and its ability to participate in the apprentice program.

By signing below, the program sponsor certifies they have reviewed the requirements with the employer and the employer agrees to provide Anti-Harassment training and education to all employees who work with apprentices per [WAC 296-05-407](#).

For the Employer

| | |
|-------------|--------------|
| Signature: | |
| Print Name: | |
| Title: | Date signed: |

For the Apprenticeship Program:

| | | | |
|--------------------------------|--|--------------|---|
| Signature: | | Signature: | |
| Print Name: | | Print Name: | |
| <input type="checkbox"/> Chair | <input type="checkbox"/> Authorized Signer | Date signed: | <input type="checkbox"/> Chair <input type="checkbox"/> Authorized Signer |
| | | Date Signed: | |