

# AGREEMENT TO TRAIN APPRENTICES

12

District No.

05188

DAS File No.

Employer ID

NAME OF APPRENTICE: \_\_\_\_\_

NAME OF BARBERSHOP \_\_\_\_\_ Phone # \_\_\_\_\_

MAILING ADDRESS (STREET AND NUMBER) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ADDRESS OF TRAINING LOCATION (IF DIFFERENT)

OCCUPATION(S) \_\_\_\_\_ O\*Net Code \_\_\_\_\_  
Barber 39-5011.00

NAME OF APPRENTICESHIP COMMITTEE AND STANDARDS

**DREAM INTERNATIONAL BEAUTY ACADEMY INC**

AREA COVERED BY APPRENTICESHIP STANDARDS or NAME AND ADDRESS OF PROJECT

Los Angeles, Ventura, Santa Barbara, San Luis Obispo, San Bernardino

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.

EMPLOYER [SIGNED] By \_\_\_\_\_  
Clearly Print name \_\_\_\_\_  
Title \_\_\_\_\_ Date \_\_\_\_\_

[SIGNED] By \_\_\_\_\_

Effective until:

Printed name Margraretha L. Wells

 Revoked

Title President Date \_\_\_\_\_

 End of Project

name and address in Area Covered above

Accepted:

DIVISION OF APPRENTICESHIP STANDARDS

 Date \_\_\_\_\_ Other \_\_\_\_\_

Specify \_\_\_\_\_

EFFECTIVE DATE

[SIGNED] By \_\_\_\_\_ Date \_\_\_\_\_  
Apprenticeship Consultant

REMARKS:

STATE OF CALIFORNIA  
DEPARTMENT OF INDUSTRIAL RELATIONS  
DIVISION OF APPRENTICESHIP STANDARDS