

AGREEMENT TO TRAIN APPRENTICES

12

District No.

05188

DAS File No.

Employer ID

NAME OF SALON	Phone #
MAILING ADDRESS (STREET AND NUMBER)	CITY STATE ZIP
ADDRESS OF TRAINING LOCATION (IF DIFFERENT)	
OCCUPATION(S) Cosmetologist	O*Net Code 39-5012.00
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

 Date _____ Date _____ Other _____ Date _____ SpecifyAccepted:
DIVISION OF APPRENTICESHIP STANDARDS

EFFECTIVE DATE

[SIGNED] By _____ Date _____
Apprenticeship Consultant

REMARKS:

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF APPRENTICESHIP STANDARDS