

**AGREEMENT TO TRAIN APPRENTICES**

District No. 12  
DAS File No. 05188  
Employer ID \_\_\_\_\_

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

<b>NAME OF BARBERSHOP</b>		<b>Phone #</b>	
<b>MAILING ADDRESS</b> (STREET AND NUMBER)	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
ADDRESS OF TRAINING LOCATION (IF DIFFERENT)			
OCCUPATION(S) Barber		O*Net Code 39-5011.00	
NAME OF APPRENTICESHIP COMMITTEE AND STANDARDS <b>DREAM INTERNATIONAL BEAUTY ACADEMY INC</b>			
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 \_\_\_\_\_  
**Printed name** Margretha L. Wells  
**Title** President **Date** \_\_\_\_\_

**Effective until:**

- Revoked**
- End of 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