

AGREEMENT TO TRAIN APPRENTICES

District No. 12
DAS File No. 05188
Employer ID _____

NAME OF APPRENTICE: _____

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 _____

Printed name Margaretha L. Wells

Title President Date _____

Accepted:
DIVISION OF APPRENTICESHIP STANDARDS

Effective until:

Revoked

End of Project
name and address in Area Covered above

Date _____
Date

Other _____
Specify

EFFECTIVE DATE

[SIGNED]

By _____

Date _____
Apprenticeship Consultant

REMARKS:

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF APPRENTICESHIP STANDARDS