AREA II PLUMBERS JATC

JOURNEYMAN to APPRENTICE RATIO VERIFICATION FORM

THIS FORM REQUIRED FOR REGISTERING NEW APPRENTICE

Name of Plumbing Contractor: _____

Address: _____

State Plumbing Contractors License Number: _____

It is hereby certified that the following Oregon State Licensed Journeyman Plumber(s) and Apprenticeship & Training Division Registered Plumber Apprentice (**COMPLETE THE REVERSE SIDE OF THIS FORM**) are employed by this firm on this date, and further that the listed journeymen are regarded as permanent employees who are expected to be continuously employed during the following six months, save and except for conditions or circumstances not at this foreseeable time. I hereby agree to notify the Area II Plumbers Joint Apprenticeship & Training Committee in writing **immediately** upon termination of the employment of any listed journeyman.

Signature of Owner _____ Date _____

APPRENTICES

NAME	AGREEMENT NUMBER	PERIOD OF APPRENTICESHIP	COMMITTEE of REGISTRATION (Area I, Area II, etc.)

Return Both Pages of Completed form to Area II Plumbers JATC: email: officeadmin@area2app.com

~or~ Via Mail: Area II Plumbers JATC
PO Box 7106
Salem, OR 97303

List the contact information of all licensed journeyman plumbers employed by TRAINING AGENT.

Name of Plumbing Contractor: _____

OREGON LICENSED JOURNEYMAN

NAME	OREGON JOURNEYMAN LICENSE #	PHONE	ADDRESS