

AGREEMENT TO TRAIN APPRENTICES

District No. _____

DAS File No. 100531

Employer ID _____

NAME OF EMPLOYER			
MAILING ADDRESS (STREET AND NUMBER)	CITY	STATE	TELEPHONE NUMBER
ADDRESS OF TRAINING LOCATION (IF DIFFERENT)			
OCCUPATION(S)	O*Net Code		
Dental Assistant	29-2099.99D		
NAME OF APPRENTICESHIP COMMITTEE AND STANDARDS			
Foothill College Dental Assistant Apprenticeship Program			
AREA COVERED BY APPRENTICESHIP STANDARDS or NAME AND ADDRESS OF PROJECT			
Santa Clara County			

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.

[SIGNED] By _____
 Printed name _____
 Title _____ Date _____

THE APPRENTICESHIP COMMITTEE accepts and approves the employer as qualified to train apprentices under its standards in the designated occupation.

[SIGNED] By _____
 Printed name Cara Miyasaki
 Title Dental Assisting Program Director Date _____

Effective until:

- Revoked
- End of Project (Enter 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