

State of California
 Department of Industrial Relations
 California Apprenticeship Council
 P. O. Box 420603
 San Francisco, CA 94142

TRAINING FUND CONTRIBUTIONS

Please use a separate *form* for each jobsite, listing the occupations for the jobsite. One *check* payable to the California Apprenticeship Council, may be submitted for all jobsites and/or occupations. Training fund contributions are *not accepted* by the California Apprenticeship Council for federal public works projects, or for non-apprenticeable occupations such as utility technicians, teamsters, etc.

California Apprenticeship Council

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|--|---|--------------------------|-------|------------------------------|
| NAME AND ADDRESS OF CONTRACTOR/SUBCONTRACTOR MAKING CONTRIBUTION | CONTRACTOR'S LICENSE NUMBER | | | |
| | CONTRACT OR PROJECT NUMBER | | | |
| | JOBSITE LOCATION (INCLUDE COUNTY) IF APPLICABLE. GIVE NAME OF SCHOOL, HOSPITAL, BUILDING, ETC. | | | |
| NAME AND ADDRESS OF PUBLIC AGENCY AWARDING CONTRACT | PERIOD COVERED BY CONTRIBUTION (FROM-TO) | | | |
| | CLASSIFICATIONS OF WORKERS (CARPENTER, PLUMBER, ELECTRICIAN, ETC.) | COUNTY WORK PERFORMED IN | HOURS | CONTRIBUTION RATE PER HOUR |
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| SIGNATURE PLEASE TYPE OR PRINT YOUR NAME | | | | DATE |
| TITLE | | | | AREA CODE & TELEPHONE NUMBER |