

**AGREEMENT TO TRAIN APPRENTICES**

12

District No. \_\_\_\_\_

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

DAS File No. 05083

Employer ID \_\_\_\_\_

<b>NAME OF SALON</b>	<b>Phone #</b>
<b>MAILING ADDRESS</b> (STREET AND NUMBER)	<b>CITY STATE ZIP</b>
ADDRESS OF TRAINING LOCATION (IF DIFFERENT)	
OCCUPATION(S) Cosmetologist	O*NetCode <b>39-5012.00</b>
NAME OF APPRENTICESHIP COMMITTEE AND STANDARDS <b>COSMETICA - COSMETOLOGY AND BARBERING U.A.C.</b>	
AREA COVERED BY APPRENTICESHIP STANDARDS or NAME AND ADDRESS OF PROJECT Los Angeles, Orange, Riverside, San Bernardino, Imperial, Inyo, Kern, San Diego; San Diego, Ventura, San Barbara & San Luis Obispo	

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.

\_\_\_\_\_

**OWNER [SIGNED] By** \_\_\_\_\_

**Clearly Print name** \_\_\_\_\_

**Title** \_\_\_\_\_ **Date** \_\_\_\_\_

[SIGNED] **By** .....

**Printed name** .....

**Title** ..... **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