



APPRENTICE ESTABLISHMENT TRANSFER REQUEST

(Dropping an establishment and trainer(s), adding an establishment and trainer)

SECTION A: APPRENTICE INFORMATION (complete sections A and E)					
License Type	License Number	Expiration Date			
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/>	-
		Month	Day	Year	
Last Name		First Name		Middle Name	
Total OJT Hours Completed		Total RSI Hours Completed		Date of Transfer	
SECTION B: DROP THE FOLLOWING ESTABLISHMENTS AND TRAINERS					
(if you need to drop additional trainers, use the drop/add trainer form and attach to this application)					
Establishment Name			Establishment License Number		
			A <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Address		City		State	Zip
				CA	
Trainer Last Name		Trainer First Name		License Type	License Number
				<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Trainer Last Name		Trainer First Name		License Type	License Number
				<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
SECTION C: ADD THE FOLLOWING ESTABLISHMENT (complete sections B and F)					
New Establishment Name			Phone Number		
Address			City		State
					CA
Establishment License Number			Expiration Date		
A <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			<input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/>
			Month	Day	Year
SECTION D: ADD THE FOLLOWING TRAINER (complete sections D and H)					
(if you need to add additional trainers, use the drop/add trainer form and attach to this application)					
New Trainer Last Name			New Trainer First Name		
License Type		License Number		Expiration Date	
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/>	-
		Month	Day	Year	

SECTION E: APPRENTICE CERTIFICATION

I hereby certify under penalty of perjury under the laws of the State of California that all statements furnished in connection with this application are true and accurate.

Signature of Apprentice	Phone Number	Date
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SECTION F: ESTABLISHMENT CERTIFICATION

I certify under penalty of perjury under the laws of the State of California that the information contained in this section is true and correct (initial each line below):

- I have agreed to employ the named apprentice applicant for a minimum of 32 hours a week.
 The establishment has no outstanding fines, or any pending disciplinary action, nor has it completed a probationary period within the last 2 years
 I have signed a statement of trainer responsibilities which is available within the establishment.

Signature of Establishment Owner	Printed Name	Date
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SECTION G: TRAINER CERTIFICATION

I certify under penalty of perjury under the laws of the State of California that the information contained in this section is true and correct (initial each line below):

- I have no outstanding fines or citations.
 I have no have disciplinary action pending against me, nor have I completed a probationary period within the last 2 years.
 I have signed a statement of trainer responsibilities which is available within the establishment.

Signature of Trainer	Date
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SECTION H: PROGRAM SPONSOR CERTIFICATION

I hereby certify under penalty of perjury under the laws of the State of California that all statements furnished in connection with this application are true and accurate.

Signature of Program Sponsor (not a stamp)	Sponsor Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date
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APPLICATION CHECKLIST

You must include the following items with the application. Failure to attach the documents below to the application will delay the issuance of your apprentice license.

- Copy of the Breeze license search screen showing a current Establishment license**
 Copy of the Breeze license search screen showing a current license for the Trainer

Once approved, an updated apprentice license will be issued and sent to name and address of the new establishment.