

Oregon Bureau of Labor & Industries  
 Apprenticeship & Training Division  
 800 NE Oregon St #1045  
 Portland, OR 97232-2180

PLEASE RETURN TO:  
 AREA I PLUMBERS JATC  
 15800 SW Boones Ferry Road  
 Suite B-3  
 Lake Oswego, OR 97035



## TRAINING AGENT REGISTRATION AGREEMENT

Committee Name Area I Plumbers JATC	MA# 1038
Occupation(s) Plumber	

Employer Name			
Address			
City	State	ZIP+4	Telephone
Contact Person	E-mail	FAX	

By entering into this agreement the EMPLOYER understands and agrees:

- a. To be bound by the committee's apprenticeship and training standards approved by the Oregon State Apprenticeship and Training Council, and by the terms and conditions stated in this agreement; and
- b. To provide the committee with access to the employer's facilities and training materials to assure that training quality is maintained as set forth in the standards.

The EMPLOYER certifies that:

- a. Their primary place of business is located in the geographic area approved for the standards (*if not, the business may only apply for traveling training agent status; see Traveling Training Agent Registration Agreement form*);
- b. They are not registered in another Oregon committee as a primary training agent for the same occupation (*if so, the business may only apply for traveling training agent status; see Traveling Training Agent Registration Agreement form*);
- c. They will maintain continuous coverage of workers compensation insurance;
- d. They are registered with the Oregon Construction Contractors Board (if a contractor);
- e. They are registered with the Oregon Corporation Division (if a corporation);
- f. They abide by all Oregon wage and hour laws, including the prevailing wage rate on covered work;
- g. They have and will continue to have a sufficient number of journey workers in the occupation to provide proper supervision and maintain the required ratio of apprentices (or trainees) to journey workers; and
- h. They have received a copy of the standards, which are incorporated into this agreement.

**Signature of Employer:**

Signature	Title	Date
Printed Name		

**Signature of Committee Chair, Secretary, or Authorized Representative:**

Signature	Committee Approval Date
Printed Name	Effective Approval Date