

# Application for Company Enrollment

Company Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Program Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Company Website: \_\_\_\_\_

Company Owner/CEO Name: \_\_\_\_\_

Month/Year of Company's Founding: \_\_\_\_\_

(DOL requires companies with apprentices to be in business at least six months)

Anticipated Number of Apprentices Per Year: \_\_\_\_\_

We, agree to abide by all the procedures and requirements as outlined in the Apprenticeship Guide and provided forth by the nationally registered A-SERT. We agree to carry out the intent and purpose of said standards of the program and to abide by the rules and decisions of the program sponsor. We have received a copy of the standards and do hereby request authorization to train apprentices under these standards. The on-the-job apprentice is hereby guaranteed assignment to a skilled and competent mentor or "journeyworker" and is guaranteed that the tasks assigned to the apprentice will be rotated to ensure required training in all phases of work. Further, we agree that as our apprentices progress through their on-the-job training and classroom-style instruction, their compensation will increase.

**Please submit the completed application to:**

A-SERT  
P.O. Box 3762  
Modesto, CA 95352