

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

NAME AND ADDRESS OF CONTRACTOR/SUB CONTRACTOR 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	AMOUNT	
Total					
SIGNATURE PLEASE TYPE OR PRINT YOUR NAME					DATE
TITLE					AREA CODE & TELEPHONE NUMBER