



Notice of Contest or Objection to Proposed Standards of Apprenticeship

Instructions: The Washington State Apprenticeship and Training Council's approval of proposed Standards of Apprenticeship are adjudicated per [WAC 296-05-008](#). A competitor ([WAC 296-05-003](#)), desiring to contest a proposed Standard of Apprenticeship, new occupation, or revised geographical area must fill out the Notice below and return it to the Apprenticeship Program Manager, Department of Labor and Industries, PO Box 44530, Olympia, Washington 98504-4530. Facsimile transmissions are permitted, (360) 902-4248. Additionally, you may submit a scanned signed copy of the "Notice of Contest or Objection" to the email: Apprentice@LNI.wa.gov

This notice to be **received** at this location by 5pm

(20 days prior to council meeting [WAC 296-05-011](#))

Please Identify Program Standards

Name

Title or Position

I _____ in my capacity as _____
(Individual, Association, Corporation or other Entity)

for _____ do hereby certify under penalty of perjury pursuant to Washington State law, that we hereby contest or object to possible Washington State Apprenticeship and Training Council's approval of the proposed standards for:

- | | | |
|--|--|---|
| <input type="checkbox"/> New Standards | <input type="checkbox"/> Geographical Area expansion to existing standards | <input type="checkbox"/> New Occupation to existing standards |
|--|--|---|

The reason and supporting documentation/reference are noted in the section(s) below. Attach a separate page if more space is needed:

- | |
|---|
| <input type="checkbox"/> 1. Geographical Area Covered: |
| <input type="checkbox"/> 2. Minimum Qualifications |
| <input type="checkbox"/> 3. Conduct of Program under Washington Equal Employment Opportunity Plan |
| <input type="checkbox"/> 4. Terms of Apprenticeship |
| <input type="checkbox"/> 5. Initial Probationary Period |
| <input type="checkbox"/> 6. Ratio of Apprentices to Journey Level Workers |

<input type="checkbox"/> 7. Apprentice Wages and Wage Progression
<input type="checkbox"/> 8. Work Process
<input type="checkbox"/> 9. Related/Supplemental Instruction
<input type="checkbox"/> 10. Administrative/Disciplinary Procedures
<input type="checkbox"/> 11. Committee – Responsibilities and Composition (terminology only)
<input type="checkbox"/> 12. Subcommittee (terminology only)
<input type="checkbox"/> 13. Training Director/Coordinator (terminology only)
<input type="checkbox"/> 14. Other

The appropriate contact person for notice, scheduling, and attendance at an adjudicative proceeding is:

Name	Position or Title
Street Address	City State Zip Code
Phone Number	Fax Number

Dated this _____ Day of _____
 City State Name Title