

For L&I Staff Use Only

L&I Apprenticeship Consultant

L&I Admin

Department of Labor and Industries
Apprenticeship Section
PO Box 44530
Olympia WA 98504-4530



Request for Approval of Proposed Standards

TO: Washington State Apprenticeship & Training Council

FROM: _____

Check the appropriate box:

☐ Committee

☐ Plant

☐ OJT

| Occupation(s) | SOC Code | Hours |
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Form must be signed by Committee Chair *and* Secretary or Program's Authorized Signer

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| <input type="checkbox"/> Chair | Date | <input type="checkbox"/> Secretary | Date |
| <input type="checkbox"/> Authorized Signer | | | |
| Print Name: | | Print Name: | |
| Signature: | | Signature: | |

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| Approved By: Washington State Apprenticeship & Training Council |
| Signature of the WSATC: |
| Date: |