



Washington State Department of  
**Labor & Industries**

Apprenticeship Section  
PO Box 44530  
Olympia WA 98504-4530

## **Registered Apprenticeship/Preparatory Program Contact Information**

Program Name	Program ID Number
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Name of Designated Individual for Receipt of Correspondence
Title

### **Mailing Address**

Street		Apt/Unit Number
City	State	Zip Code
Phone Number	Toll Free Number if available	Email Address
Internet Site Address		

### **Chairman/Secretary/Authorized Official Signature (required for processing)**

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

**Please Note: This information will NOT be used to make changes to your program standard**