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



## Access & Authorization for Apprenticeship Registration and Tracking System (ARTS)

The following individual is authorized access to the ARTS database for the Registered Apprenticeship Program(s) as indicated below. This form is for initial administrative access, additional users will be added under the administrator's account through the ARTS system.

Individual	Information					
Full Name			E	ffective Date		
Phone Number			E	Email Address		
Address						
City			S	tate	Zip Code	
Signature o	f Individual					
Program ID(s)	Program Name	e(s)				
Form	must be signe	d by Committ	tee Chair <i>and</i>	Secretary or Pro	ogram's Authorized	Signer
☐ Chair		Date		Secretary	Date	
Authorized Signer Print Name:		P	rint Name:			
Signature:			S	ignature:		