

Apprenticeship Employee Form

Annual Apprenticeship Registration Fee:

Member-\$100 Non-Member-\$150

Applicant Information:

Name (Last, First, Middle)		Date of Birth	Telephone Number ()	
Home Address			Last 4 Digits of Social Security Number XXX-XX-	
City	State	Zip Code	County	
Email Address				
Is applicant an U.S. Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		Applicant current/apprentice wage rate:		

Employment:

Employer		Name of Manager		
Business Address (Street No. and Name)		City	State	Zip
Phone		Fax		

Signature of Licensed Fire Alarm Contractor:

I certify the applicant is employed by the above named company for which I am the authorized manager. I further understand falsification of any statement is cause for rejection of application or revocation of enrollment.	
Signature of Licensed Fire Alarm Contractor or Technician of Record	Please Print Name Here
Fire Alarm Contractor License Number	Date

NOTE: These application fees are for registration of the apprenticeship ONLY. These fees do NOT include fees for training courses.