



APPRENTICE RECIPROCITY NOTIFICATION FORM

This form must be completed and submitted to the JATC office prior to working an Oregon registered apprentice under the terms and condition of the reciprocal agreement

Training Agent Name: _____

Washington Contractor License: _____

Washington UBI Number: _____

Project Name: _____

Physical Location: _____

Beginning Date: _____

Anticipated Completion Date: _____

Apprentice Name: _____

Apprentice Name: _____

Apprentice Name: _____

Apprentice Name: _____

Apprentice Name: _____

Apprentice Name: _____

Apprentice Name: _____

Apprentice Name: _____

Please return email this form to info@area1jatc.com or fax to 503.459.4059

If more room for apprentice names is required, print another copy, fill in apprentice names only, and return with first completed page.