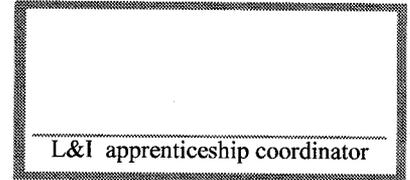


**REQUEST FOR REVISION OF APPRENTICESHIP COMMITTEE**



TO: Washington State Apprenticeship & Training Council

FROM: \_\_\_\_\_  
NAME OF STANDARDS

Name of New Employer Representative	If only address change, please note mailing address

Name of New Employee Representative	If only address change, please note mailing address

*Do Not write in space below*

Requested by: (chr.)	Approved by: <b>State Apprenticeship &amp; Training Council</b>
(sec.)	Secretary of Council
date	date

