

Department of Labor & Industries
Apprenticeship Section
PO Box 44530
Olympia WA 98504-4530



APPRENTICE RECIPROCITY NOTIFICATION

Form to be completed by Apprenticeship Program and submitted to Labor and Industries prior to working an Oregon or Montana registered apprentice under the terms and conditions of the reciprocity agreement. This form, once completed and signed, may be emailed back to apprentice@LNI.wa.gov, faxed to 360-902-4248, or mailed to the address above.

Apprenticeship Program & ID Number: _____

Apprenticeship Contact: _____

Phone Number: () _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer (Training Agent): _____

Washington Contractor ID Number: _____

Washington UBI Number: _____

Projects Name, Physical Location, Dates:

(Please attach additional sheet if needed)

Apprentice Name: _____

Apprenticeship Registration Number: _____ Occupation: _____

Apprentice Name: _____

Apprenticeship Registration Number: _____ Occupation: _____

Apprentice Name: _____

Apprenticeship Registration Number: _____ Occupation: _____

(Please attach additional sheet if needed)

How will Related/Supplemental Instruction be provided to apprentices listed above:

Date: ____ / ____ / ____ Authorized Signature: _____