



APPRENTICE RECIPROCITY NOTIFICATION (TO OREGON)

Form to be completed by Apprenticeship Program and submitted to Oregon Apprenticeship and Training Division prior to working a Washington or Montana registered apprentice under the terms and conditions of the WA-OR-MT Apprenticeship Reciprocal Agreement (2011).

Apprenticeship Program & MA Number: _____
Apprenticeship Program Contact: _____
Phone Number: () _____ Email: _____
Address: _____
City: _____ State: _____ Zip: _____

Employer (Training Agent): _____
Oregon Contractor ID Number: _____
Oregon UBI Number: _____
Project(s) 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: _____