REQUEST FOR REVISION OF APPRENTICESHIP COMMITTEE

L&I apprenticeship coordinator

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: State Apprenticeship & Training Council
(sec.)	Secretary of Council
date	date

Name of Employer Member Replaced	Address

Name of Employee Member Replaced	Address