



**APPRENTICESHIP AND TRAINING DIVISION  
 TRAVELING TRAINING AGENT AGREEMENT**

**Effective July 1, 2022**

*(To be completed by employer and submitted to committee)*

Name of Local Committee			MA#
Address			
City	State	Zip Code	Phone
Name of Home Committee			MA (registration)#
Occupation(s)			

Employer Name			
Address			
City	State	Zip Code	Phone
Contact Person	Email	Youth Certificate # (Youth TA Only)	

By entering into this agreement, the EMPLOYER understands and agrees:

- a. To be bound by the local committee’s apprenticeship and training standards approved by the Oregon State Apprenticeship and Training Council, and by the terms and conditions stated in this agreement; and
- b. To provide the local committee with access to the employer’s facilities and training materials to assure that training quality is maintained as set forth in the local standards.

The EMPLOYER certifies that they:

- a. Are registered in good standing with their home committee;
- b. Have made appropriate arrangements for the transportation of apprentices and trainees from their home jurisdiction, if applicable and approved by both committees;
- c. Will conform to the policies and procedures established by the local committee for traveling contractors;
- d. Will maintain continuous coverage of workers compensation insurance;
- e. Are registered with the Oregon Construction Contractors Board (if a contractor);
- f. Are registered with the Oregon Corporate Division (if a corporation);
- g. Will abide by all Oregon wage and hour laws, including the prevailing wage rate on covered work;
- h. Have and will continue to have a sufficient number of journey workers in the occupation on project(s) in the local committee’s jurisdiction to provide proper supervision and maintain proper ratios, if utilizing local apprentices or trainees; and
- i. Have received a copy of the standards from the local committee, which are incorporated into this agreement.

**Signature of Employer:**

Signature	Title
Printed Name	Date

**Signature of Committee Chair, Secretary, or Authorized Representative:**

Signature	Committee Approval Date
Printed Name	Effective Approval Date