



AUTHORIZED SIGNATORY

Project No./ Title: _____

Company: _____

Address: _____

City, State, Zip: _____

Date: _____

Labor Compliance Analyst
Facilities Development
San Diego County Regional Airport Authority
PO Box 82776
San Diego, CA 92138-2776

This affirms that the signatories below have the authority under penalty of perjury to affirm that required forms and certified payroll records are originals or are full, true and correct copies of the original and correctly depict the Trades, Crafts and Classifications of work performed; the hours and days worked; and the amounts by category listed, disbursed by way of cash, check, or in whatever form or manner to each person by job classification and/or skill pursuant to a public works contract.

- (1) As identified below, must be an Owner or Officer of the company.**
(2) As identified below, is the individual delegated to enter the payroll records.

(1)

(2)

Print Name of Owner/Officer Signatory

Print Name of Authorized Signatory

Signature of Owner/Officer Signatory

Signature of Authorized Signatory

Title of Owner/Officer Signatory

Title of Authorized Signatory

**All Required Forms are to be emailed to Austin/Sundt for Review
DO NOT MAIL or UPLOAD until directed by A/S**



LIST OF TRADES AND/OR CRAFTS

SDCRAA Project No. / Name: _____

Contractor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Please indicate whether Prime,
Subcontractor or Tier: _____

Exact / Anticipated Start Date: _____

Exact / Anticipated End Date: _____

Signature

Prevailing Wage

| Trade or Craft | Classification | Determination Dates |
|----------------|----------------|---------------------|
| | | |
| | | |
| | | |
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FRINGE BENEFIT STATEMENT

Project Name: _____ Project #: _____ Date: _____

| TRADE & CLASSIFICATION | FRINGE BENEFIT HOURLY AMOUNT | NAME & ADDRESS OF PLAN, FUND, OR PROGRAM |
|------------------------|-----------------------------------|--|
| Expiration Date: _____ | \$ _____ Vacation ^ | _____ |
| | \$ _____ Heath & Welfare ^ | _____ |
| | \$ _____ Pension | _____ |
| | \$ _____ Apprentice/Training ^ | _____ |
| | \$ _____ Other ^ | _____ |
| | \$ _____ Vacation ^ | _____ |
| | \$ _____ Heath & Welfare ^ | _____ |
| Expiration Date: _____ | \$ _____ Pension | _____ |
| | \$ _____ Apprentice/Training ^ | _____ |
| | \$ _____ Other ^ | _____ |
| | \$ _____ Vacation ^ | _____ |
| | \$ _____ Heath & Welfare ^ | _____ |
| | \$ _____ Pension | _____ |
| | \$ _____ Apprentice/Training ^ | _____ |
| Expiration Date: _____ | \$ _____ Other ^ | _____ |
| | \$ _____ Vacation ^ | _____ |
| | \$ _____ Heath & Welfare ^ | _____ |
| | \$ _____ Pension | _____ |
| | \$ _____ Apprentice/Training ^ | _____ |
| | \$ _____ Other ^ | _____ |
| | \$ _____ Vacation ^ | _____ |

I certify under penalty of perjury that fringe benefits are paid to the approved Plans, Funds, Programs, or directly to the employee as listed above.

Company Name Authorized Signatory Signature

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PUBLIC WORKS CONTRACT AWARD INFORMATION

Contract award information must be sent to your Apprenticeship Committee if you are approved to train. If you are not approved to train, you must send the information (which may be this form) to ALL applicable Apprenticeship Committees in your craft or trade in the area of the site of the public work. Go to: <http://www.dir.ca.gov/das/PublicWorksForms.htm> for information about programs in your area and trade. You may also consult your local Division of Apprenticeship Standards (DAS) office whose telephone number may be found in your local directory under California, State of, Industrial Relations, Division of Apprenticeship Standards.

Do not send this form to the Division of Apprenticeship Standards.

| | |
|---|---|
| NAME OF YOUR COMPANY | CONTRACTOR'S STATE LICENSE NO |
| MAILING ADDRESS- NUMBER & STREET, CITY, ZIP CODE | AREA CODE & TELEPHONE NO. |
| NAME & ADDRESS OF PUBLIC WORKS PROJECT | DATE YOUR CONTRACT EXECUTED |
| | DATE OF EXPECTED OR ACTUAL START OF PROJECT |
| NAME & ADDRESS OF PUBLIC AGENCY AWARDED CONTRACT | ESTIMATED NUMBER OF JOURNEYMEN HOURS |
| | OCCUPATION OF APPRENTICE |
| THIS FORM IS BEING SENT TO: (NAME & ADDRESS OF APPRENTICESHIP PROGRAM(S)) | ESTIMATED NUMBER OF APPRENTICE HOURS |
| | APPROXIMATE DATES TO BE EMPLOYED |
| | |

This is not a request for dispatch of apprentices.

Contractors must make a separate request for actual dispatch, in accordance with Section 230.1(a) California Code of Regulations

Check One Of The Boxes Below

1. ☐ We are already approved to train apprentices by the _____
Apprenticeship Committee. We will employ and train under their Standards. Enter name of the Committee
2. ☐ We will comply with the standards of _____
Apprenticeship Committee for the duration of this job only. Enter name of the Committee
3. ☐ We will employ and train apprentices in accordance with the California Apprenticeship Council regulations, including § 230.1 (c) which requires that apprentices employed on public projects can only be assigned to perform work of the craft or trade to which the apprentice is registered and that the apprentices must at all times work with or under the direct supervision of journeyman/men.

Signature _____

Date _____

Typed Name _____

Title _____

**State of California - Department of Industrial Relations DIVISION
OF APPRENTICESHIP STANDARDS**

REQUEST FOR DISPATCH OF AN APPRENTICE – DAS 142 FORM

DO NOT SEND THIS FORM TO DAS

You may use this form to request dispatch of an apprentice from the Apprenticeship Committee in the craft or trade in the area of the public work. Go to: <http://www.dir.ca.gov/DAS/PublicWorksForms.htm> for information about programs in your area and trade. You may also consult your local Division Apprenticeship Standards (DAS) office whose telephone number may be found in your local directory under California, State of, Industrial Relations, Division of Apprenticeship Standards. **Except for projects with less than 40 hours of journeyman work, you must request and employ apprentices in no less than 8 hour increments.**

| | |
|--|--|
| Date: _____ | Contractor Requesting Dispatch: |
| To Applicable Apprenticeship Committee: | Name: _____ |
| Name: _____ | Address: _____ |
| Address: _____ | _____ |
| _____ | License No. _____ |
| Tel. No. _____ Fax No. _____ | Tel. No. _____ Fax No. _____ |

Project Information:

Contract No. _____

Name of the Project: _____

Address: _____

Dispatch Request Information:

Number of Apprentice(s) Needed: _____ **Craft or Trade:** _____

Date Apprentice(s) to Report: _____ (72 hrs. notice required) **Time to Report:** _____

Name of Person to Report to: _____

Address to Report to: _____

*You may use this form to make your written request for the dispatch of an apprentice. Requests for dispatch must be in writing and submitted at least 72 hours in advance (excluding weekends and holidays) via either first class mail, fax or email. **Proof of submission may be required.** Please take note of California Code of Regulations, Title 8, § 230.1 (a) for all applicable requirements regarding apprenticeship requests and/or visit <http://www.dir.ca.gov/DAS/DASApprenticesOnPublicWorksSummaryOfRequirements.htm>*

DAS 142 (Revised 12/11)

State of California
Department of Industrial Relations
California Apprenticeship Council
P.O. Box 420603
San Francisco, CA 94142

TRAINING FUND CONTRIBUTIONS

Please use a separate **form** for each jobsite, listing the occupations for the jobsite. One **check** payable to the California Apprenticeship Council may be submitted for all jobsites and/or occupations. Training fund contributions are **not accepted** by the California Apprenticeship Council for federal public works projects, or for **non-apprenticeable occupations** such as utility technicians, telecommunications technician, asbestos and lead abatement, teamsters, etc.

California Apprenticeship Council

| | | | | |
|---|--|-------|---|--------|
| NAME & ADDRESS OF CONTRACTOR/SUBCONTRACTOR MAKING CONTRIBUTION | CONTRACTOR'S LICENSE NUMBER | | | |
| | CONTRACT OR PROJECT NUMBER | | | |
| NAMES AND ADDRESS OF PUBLIC AGENCY AWARDED CONTRACT San Diego County Regional Airport Authority 2320 Stillwater Rd. San Diego, CA 92101 | JOB SITE LOCATION (INCLUDE COUNTY) IF APPLICABLE. Give | | | |
| | PERIOD COVERED BY CONTRIBUTION (FROM - TO) | | | |
| CLASSIFICATIONS OF WORKERS (CARPENTER -Millwright, PLUMBER -Pipefitter, ELECTRICIAN -Inside Wireman, ETC.) | COUNTY WORK PERFORMED IN | Hours | Contribution Rate Per Hour | Amount |
| | San Diego | | \$ | |
| | San Diego | | \$ | |
| | San Diego | | \$ | |
| | San Diego | | \$ | |
| | San Diego | | \$ | |
| | San Diego | | \$ | |
| | San Diego | | \$ | |
| Total | | | | |
| SIGNATURE | PLEASE TYPE OR PRINT YOUR NAME | | DATE: | |
| TITLE: | | | AREA CODE & TELEPHONE NUMBER () - | |

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AGREEMENT TO TRAIN APPRENTICES

District No.

DAS File No.

| | | | | |
|---|------|-------|----------|------------------|
| NAME OF EMPLOYER | | | | |
| MAILING ADDRESS (STREET AND NUMBER) | CITY | STATE | ZIP CODE | TELEPHONE NUMBER |
| ADDRESS OF TRAINING LOCATION (IF DIFFERENT) | | | | |
| OCCUPATION(S) | | | | O*Net Code |
| NAME OF APPRENTICESHIP COMMITTEE AND STANDARDS | | | | |
| AREA COVERED BY APPRENTICESHIP STANDARDS or NAME AND ADDRESS OF PROJECT | | | | |

THE OFFICIAL, whose signature follows, agrees on behalf of the above named employer to train apprentices in the designated occupation in accordance with the apprenticeship standards and apprentice agreement and to comply with the provisions thereof.

[SIGNED] By

Printed name

Title Date

THE APPRENTICESHIP COMMITTEE accepts and approves the employer as qualified to train apprentices under its standards in the designated occupation.

[SIGNED] By

Printed name

Title Date

Accepted:

DIVISION OF APPRENTICESHIP STANDARDS

Effective until:

☐ Revoked

☐ End of Project (Enter project name and address in Area Covered above)

☐ Date
Date

☐ Other
Specify

| |
|----------------|
| EFFECTIVE DATE |
|----------------|

[SIGNED] By Date
Apprenticeship Consultant

REMARKS:

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF APPRENTICESHIP STANDARDS



AUTHORIZATION FOR PAYROLL DEDUCTION

Project Name: _____

Project Number: _____

Employee Name: _____

I hereby authorize (Employer): _____
to process deductions the following from my payroll check as follows:

1. Reason for Deduction: _____
Percentage /Amount of deduction: _____ Start date of deduction: _____
Frequency of deduction: Wkly: ☐ Bi-Wkly: ☐ Monthly: ☐
Termination date of deduction: _____

2. Reason for Deduction: _____
Percentage /Amount of deduction: _____ Start date of deduction: _____
Frequency of deduction: Wkly: ☐ Bi-Wkly: ☐ Monthly: ☐
Termination date of deduction: _____

3. Reason for Deduction: _____
Percentage /Amount of deduction: _____ Start date of deduction: _____
Frequency of deduction: Wkly: ☐ Bi-Wkly: ☐ Monthly: ☐
Termination date of deduction: _____

Should additional deductions be required, please use additional copies of this form.

Employee signature: _____

Date signed: _____

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