



**Trainee/Apprentice Information**

Name	Craft	Program	Start Date

I understand the training specifications and will comply with the training schedule as it is written above. I will report subsequent revisions to the training schedule as changes occur.

\_\_\_\_\_  
Prime Contractor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sub Contractor Signature

\_\_\_\_\_  
Date

This area is for use of ADOT only – Provide this completed form to the appropriate Field Office, CRO & at the Pre-Con.

ADOT Field Office Approval	Date	Title
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