

Submit to the State Apprenticeship Office (SAO) by September 16, 2011
***** No application will be considered if received after listed deadline date! *****

LOCAL APPRENTICESHIP COMMITTEE AND INSTRUCTORS PERSONNEL RECORD

Please complete this form and submit it to the State Apprenticeship Office, Department of Career Education, #3 Capitol Mall, Little Rock, AR 72201-1083.

Name of Apprenticeship Committee: _____ Class Number: _____

Address: _____ City/State: _____ Zip Code: _____ Phone #: _____

Committee Contact Name and Email Address: _____

COMMITTEE MEMBERS

POSITION	NAME	ADDRESS	WORK PHONE	HOME PHONE
Administrator				
Chairperson				
Co-Chairperson				
Secretary				
Member				

INSTRUCTORS

POSITION	NAME	ADDRESS	WORK PHONE	HOME PHONE
1 st Year				
1 st Year				
1 st Year				
2 nd Year				
2 nd Year				
2 nd Year				
3 rd Year				
3 rd Year				
3 rd Year				
4 th Year				
4 th Year				
4 th Year				

