## Inner-City Community



### Apprenticeship Committee

DAS No.: 19718

To Whom It May Concern

Regarding: California Labor Code Section 3075

Dear Contractor

The Inner-city Community Unilateral Apprenticeship Committee (ICUAC) is a State of California Department of Industrial Relation, Division of Apprenticeship Standards (DAS) approved program, per Labor Code Section 1777.5 and U.S. Department of Labor (DOL) Office of Apprenticeship (O.A.) program. That is covered by the Davis-Bacon or related Acts (DBRA), as a bonafide registered apprenticeship program, which will help reduce 20% on your labor cost by using apprentices.

The ICUAC is an open shop, apprenticeship, which does not require union dues or joining fees for apprentices who are enrolled. The requirements for apprentices are to be DAS State Certified and registered with the U.S. DOL, O.A. This also requires all approved apprentices to be enrolled in a State of California Community College for Related Supplemental Instruction (RSI). Apprentices must be employed by a California State License Contractors, who will provide journeyman supervision as on-the-job training. If you have Journeyman, who are skilled and trained without a State of California apprenticeship completion certificate, and you provide a letter as a licenses contractor stating their years of related training. That the ICUAC can evaluate and support, we can provide a California State Apprenticeship complete certificate from the DAS, certifying them as a skilled and trained journeyman, upon completing 6 month as a DAS registered 8<sup>th</sup> period apprentice.

The Inner-city Community Unilateral Committee is supported by state funded training fees, per man hour, which we are asking you to support, as provided by prevailing wages to support the apprenticeship program. Please complete the required DAS 140, mark Box 1 on a job by job base & keep a copy for you records, send DAS 142. Please sign the DAS 7 with our program on a project by project base.

Sincerely,

Janiece Kameed

Janiece Hameed IUAC Apprenticeship Coordinator

Sponsored by: National Black Contractors Association, Inc

### 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/databases/das/pwaddrstart.asp 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 AWARDING 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 apprentic Apprenticeship Committee. We will employ	-	S. 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 ac including § 230.1 (c) which requires that ap perform work of the craft or trade to which work with or under the direct supervision o	oprentices employed on public p the apprentice is registered and	projects can only be assigned to
	Signature		Date
	Typed Name		
	Title		
DAS 140 (REV.		partment of Industrial Relations I RENTICESHIP STANDARDS	DIVISION

## 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 o
trade in the area of the public work. Go to: <u>http://www.dir.ca.gov/databases/das/pwaddrstart.asp</u> 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. <u>Except for projects with less than 40 hours of journeyman</u>
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. NoFax No	Tel. NoFax 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	e 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 dispa writing and submitted at least 72 hours in advance (excluding we of submission may be required. Please take note of California requirements regarding apprenticeship requests and/or visit <u>https://www.dir.ca.gov/das/PublicWorksForms.h</u> DAS 142 (Revised 12/11)	ekends and holidays) via first class mail, fax or email. <u>Proof</u> a Code of Regulations, Title 8, § 230.1 (a) for all applicable

AGREEMENT TO TRAIN APPRENTICES	5	District No.	16
		DAS File No	. 19718
		Employer II	
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
Carpentry			860.381.022
NAME OF APPRENTICESHIP COMMITTEE AND STANDARDS	ceship Committee		
AREA COVERED BY APPRENTICESHIP STANDARDS or NAME AND ADDRESS OF PROJEC	т		
[SIGN	ED] By		
Pr	inted name		
	Title	Da	te
HE APPRENTICESHIP COMMITTEE accepts and approves lesignated occupation.	the employer as qualified t	o train apprentices und	er its standards in the
[SIGNED] By		Effective until	
Printed name Abdur-Rahim Hameed		Revoked	
Title Chairman Da		End of Pi name and a	<b>oject</b> (Enter project ddress in Area Covered above
Accepted:		Date	
-		Other	Specify
-	By Apprenticeshi		Specify
DIVISION OF APPRENTICESHIP STANDARDS	By Apprenticeshi		Specify

DIVISION OF APPRENTICESHIP STANDARDS

AGREEMENT TO TRAIN APPRE	INTICES	Distric	t No. 16
		DAS F	le No. 19718
		Emplo	yer ID
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
Drywall / Lather			842.361 01A
NAME OF APPRENTICESHIP COMMITTEE AND STANDARDS	Apprenticeshin Committee		
AREA COVERED BY APPRENTICESHIP STANDARDS or NAME AND ADDR			
	Printed name		
	Title		Date
HE APPRENTICESHIP COMMITTEE accepts and lesignated occupation.	d approves the employer as qualif	ed to train apprentices	under its standards in the
		Effective u	intil:
		- Revo	ked
Printed name Abdur-Rahim Ham		End o	of Project (Enter project
Title Chairman	Date	name a	and address in Area Covered above)
Accepted:			Date
DIVISION OF APPRENTICESHIP STANDAR	RDS	Othe	Specify
EFFECTIVE DATE	SNED] By		Data
	Apprentice	ship Consultant	Date
REMARKS:			
	STATE OF CALIFORNI	A	
DE	EPARTMENT OF INDUSTRIAL F	ELATIONS	

DIVISION OF APPRENTICESHIP STANDARDS

### Explanation to DAS Forms 140, DAS Form 142, DAS Form 7 and DAS Form 1

• DAS 140 From Box # 1 is for contractors who are already approved to train by an apprenticeship program (signatory/member) or is willing to sign up with Inner-city Community Unilateral Apprenticeship Committee (ICUAC) as an approved apprenticeship program

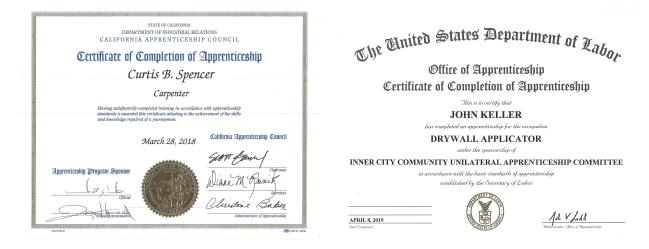
• DAS Form 140 Box # 2 indicates that a contractor is willing to comply with the Inner-city Community Unilateral Apprenticeship Committee for the current project only. This means that the fringe benefits will be paid as required by employer's health and welfare benefits. Prevailing wage training funds will be paid to the apprenticeship ICUAC as the sponsoring program which support the overall operation of apprenticeship programs. It also allows a contractor to take advantage of a more generous maximum ratio, but does not affect the minimum ratio of 1 apprentice hour for every 5 journeyman hours.

• DAS Form 142 is to be sent out to the ICUAC apprenticeship program to request the required apprentices (20%) to be hired for the duration of the job for all prevailing wage jobs.

DAS Form 7 is for contractors to sign up with an approved program, like ICUAC as required by DAS to
 <sup>a</sup>train apprentices (on a project to project base) and will not be required to send notices to other programs, unless that program can not provide apprentices. Contractors are required maintain a copy of file if asked for by the the awarding agency of the general contractor.

• DAS 1 forms are to filled out and signed by all apprentices who you are to be indentured as required by DAS and paid the the apprenticeship scale base on the level of the apprenticeship. All apprentices are to be enrolled in a State of California Community Collage through the apprenticeship programs.

• Journeyman, who are skilled and trained without a State of California apprenticeship completion certificate, that can provide a letter from a licenses contractor stating their years of related training. That the ICUAC can evaluate and support, we can provide a California State Apprenticeship complete certificate from the DAS, certifying them as a skilled and trained journeyman, upon completing 6 month as a DAS registered 8th period apprentice.



The Inner-city Community Unilateral Apprenticeship Committee (ICUAC) is a State of California Department of Industrial Relation, Division of Apprenticeship Standards (DAS) approved program, per Labor Code Section 1777.5 and U.S. Department of Labor (DOL) Office of Apprenticeship (O.A.) program. That is covered by the Davis-Bacon or related Acts (DBRA), as a bonafide registered apprenticeship program.

# Program Registration and Apprenticeship Agreement Office of Apprenticeship

# U.S. Department of Labor Employment and Training Administration



	APPRENTICE		STRAT	ION - SEC	CTION II	OMB No. 120	5-0223	Expiration Date	e: 03/31/2023	
This agreement does not constitute a certification under Title 29 Code of Federal Regulations (CFR) Part 5 for the employment of the apprentice on Federally financed or assisted construction projects. Current certifications must be obtained from the Office of Apprenticeship (OA) or the recognized State Apprenticeship Agency.			Standards incorporated as part of this agreement and in accordance with Title 29 CFR Parts 29 and 30. The sponsor's Apprenticeship Standards are attached and hereby							
PART A: TO BE COMPLETED BY APP	RENTICE. NOTE TO SPON	NSOR:	PART	A SHOULD	ONLY BE	FILLED OUT B	Y APPR	ENTICE.		
1. Name (Last, First, Middle) and Addres	s *Social Security Numb	ber		Answer B	oth A and B	(Voluntary)	5. Ve	eteran Status (N	/lark one)	
				(Defi	nitions on re	everse)		Non-Veteran		
(No., Street, City, State, Zip Code, Tele	ephone Number)		4. a. Ethnic Group (Mark one) ☐ Hispanic or Latino			 □ Veteran				
2 Data of Dirth (Ma. Day, Vr.)	2 Cay (Mark ana)		Not Hispanic or Latino				6. Education Level (Mark one)			
2. Date of Birth (Mo., Day, Yr.)	3. Sex (Mark one)	le		<ul> <li>b. Race (Mark one or more)</li> <li>American Indian or Alaska native</li> <li>Asian</li> <li>Black or African American</li> <li>Native Hawaiian or other Pacific Islander</li> <li>White</li> </ul>		99 H S degr B D N	<ul> <li>Less than 9<sup>th</sup> grade</li> <li>9<sup>th</sup> to 12<sup>th</sup> grade, no diploma</li> <li>High School graduate or GED</li> <li>Some College or Associate's degree</li> <li>Bachelor's degree</li> <li>Master's degree</li> <li>Doctorate or Prof. degree</li> </ul>			
7a. Employment Status (Mark one)	New Employee	٦	 ∃ Exis	ting Emplo	vee					
7b. Career Connection (Mark one) (Instru	_ , ,			• ·	•	cal Training Sch		Military Vetera	ns	
	, —	areer Ce	• • •			-to-Registered A		,	10	
8. Signature of Apprentice	Date		1			lian (if minor)	ppicitic	Date		
	Dato		o. o.g					Date		
PART B: SPONSOR: EXCEPT FOR IT	EMS 6, 7, 8, 10a 10c, REM	MAINDE	ER OF	ITEMS RE	POPULATE	D FROM PROG		EGISTRATION		
1. Sponsor Program No.			1			cesses listed in		Occupation C		
Sponsor Name and Address (No. Street, City, County, State, Zip Code)				Onl and 3. Occupation Training 4. Term 5. F			o.1. Interim Crea nly applicable to nd <u>3.c. (Mark or</u>	dentials o Part B, 3.b. ne) No Period		
			3a. [_ 3b. [_	Time-Bas   Competer   Hybrid	ed	(Hrs., Mos., Yrs	.) (Г	iis., mos., fis. <i>)</i>		
				edit for Prev ience (Hrs.	/ious ., Mos., Yrs.)	7. Term Rer (Hrs., Mos.,		8. Date App Begins	renticeship	
	pprentice Wages for Related Will Be Paid D Will Not Be		tion	9c. Rela	ated Training	Instruction Sou	rce			
10. Wages: (Instructions on reverse)										
10a. Prior Hourly Wage \$ Check Box Period 1	<u>10b. Apprentic</u> 2 3		rv Hou		6	<u>10c. Journe</u> 7		r's Hourly Wade		
10d. Term	2 3	4		5	0		8	9	10	
$\Box$ Hrs., $\Box$ Mos., or $\Box$ Yrs.										
10e. Wage Rate (Mark one) % □ or \$ □										
11. Signature of Sponsor's Representativ	ve(s) Date Sig	ned		13. Name	and Address	s of Sponsor De	signee to	o Receive Com	plaints	
12. Signature of Sponsor's Representativ	ve(s) Date Sig	ned								
PART C: TO BE COMPLETED BY REG	SISTRATION AGENCY									
1. Registration Agency and Address 2			2. Signature (Registration Agency)       3. Date Registered				istered			
4. Apprentice Identification Number (Defi	nition on reverse):	I						<b>I</b>		



Voluntary Disability Disclosure

ure OMB No. 1205-0223 Expiration Date: 03/31/2023

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- □ NO, I DON'T HAVE A DISABILITY
- □ I DON'T WISH TO ANSWER

Your name:		
------------	--	--

Date: \_\_\_\_\_

### Why are you being asked to complete this form?

Because we are a sponsor of a registered apprenticeship program and participate in the National Registered Apprenticeship System that is regulated by the U.S. Department of Labor, we must reach out to, enroll, and provide equal opportunity in apprenticeship to qualified people with disabilities.<sup>[1]</sup> To help us learn how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for apprenticeship, any answer you give will be kept private and will not be used against you in any way.

If you already are an apprentice within our registered apprenticeship program, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our apprentices at the time of enrollment, and then remind them yearly, that they may update their information. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability.

### How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. Disabilities include, but are not limited to: blindness, deafness, cancer, diabetes, epilepsy, autism, cerebral palsy, HIV/AIDS, schizophrenia, muscular dystrophy, bipolar disorder, major depression, multiple sclerosis (MS), missing limbs or partially missing limbs, post-traumatic stress disorder (PTSD), obsessive compulsive disorder, impairments requiring the use of a wheelchair, and intellectual disability (previously called mental retardation).

<sup>&</sup>lt;sup>[1]</sup> Part 30 – Equal Employment Opportunity in Apprenticeship. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Apprenticeship website at https://www.doleta.gov/OA/eeo/.

REQUEST FOR DISPATCH OF AN STATE OF CALIFORNIA BO NOT SEND THI	
You may use this form to request dispatch of an apprent trade in the area of the public work. Go to: <a href="http://www.di&lt;br&gt;about programs in your area">http://www.di about programs in your area and trade</a> . You may also consu office whose telephone number may be found in your loc Relations, Division of Apprenticeship Standards. <u>Except for</u> work, you must request and employ apprentices in no le	ir.ca.gov/databases/das/pwaddrstart.asp for information Ilt your local Division Apprenticeship Standards (DAS) al directory under California, State of, Industrial or projects with less than 40 hours of journeyman
Date:	Contractor Requesting Dispatch:
To Applicable Apprenticeship Committee:         Inner-City Community Unilateral Apprenticeship Committee         Name:         Address:         6125 Imperial Ave.         Address:         San Diego, Ca 92114         Tel. No.         619 263-9791         Fax No.	Name:Address: 
Project Information: Contract No Name of the Project: Address:	
Dispatch Request Information: Number of Apprentice(s) Needed: Craft Date Apprentice(s) to Report:(72 hrs. notic Name of Person to Report to: Address to Report to:	e required) Time to Report:
You may use this form to make your written request for the dispar writing and submitted at least 72 hours in advance (excluding we of submission may be required. Please take note of California requirements regarding apprenticeship requests and/or visit <u>https://www.dir.ca.gov/das/PublicWorksForms.l</u> DAS 142 (Revised 12/11)	eekends and holidays) via first class mail, fax or email. <u>Proof</u> a Code of Regulations, Title 8, § 230.1 (a) for all applicable

### Inner-City Community Unilateral Apprenticeship Committee 6125 Imperial Ave. San Diego, Ca 92114

Please use a separate form for each job site, listing the occupations for the job site. One check payable to the Inner-city Community Unilateral Apprenticeship Committee may be submitted for all job sites and/or occupations. All Carpenter or Drywall/Later Training fund contributions are accepted by the IUCAC for state and federal public works projects,

### TRAINING FUND CONTRIBUTIONS

Inner- City Community Unilateral Apprenticeship Committee

### \*\*Training Fund Contributions are due on the 5<sup>th</sup> of each month\*\*

#### PLEASE TYPE OR PRINT IN BLACK OR BLUE INK. ALL FIELDS MUST BE FILLED IN TO ENSURE SUCCESSFUL SUBMISSION AND PROCESS OF PAYMENT.

NAME AND ADDRESS OF CONTRACTOR/SUB CONTRACTOR MAKING CONTRIBL		ITRACTOR'S LICENSE NU	MBER					
	E							
	CON	ITRACT OR PROJECT NUI	MBER					
	JOB SCH	OOL, HOSPITAL, BUILDIN	E COUNTY) IF APPLICABLE G, etc.	- GIVE NAME OF				
NAME AND ADDRESS OF PUBLIC AGENCY AWARDING CONTRACT	23							
			1154					
Distance in the second second								
and the first states of the second		PERIOD COVERED BY CONTRIBUTION (FROM - TO)						
	PER	IOD COVERED BY CONTR	(IBUTION (FROM - TO)					
	8							
CLASSIFICATIONS OF WORKERS (CARPENTER, DRYWAL, LATHER, ETC).	COUNTY WORK PERFORM	ED IN ALL HOUF	S CONTRIBUTION	AMOUNT				
			RATE PER HOUR					
Carpenters Journeyman	S. 1 1817		\$ 0.62	\$				
Carpenter Apprentices			\$ 0.62	\$				
				83.00				
Drywall/Lather Joureyman			\$ 0.62	\$				
Drywall/Lath Apprentices			\$ 0.62	\$				
				81.53				
.*			TOTAL	\$				
IF APPRENTICES WERE EMPLOYED, PLEASE LIST THE APPRENTICESHIP PROG				Ψ				
TYPE OR PRINT YOUR NAME AND TITLE		la l	DATE					
EMAIL		A	REA CODE & TELEPHONE	NUMBER				
NET OF AN OCCUPATION AND ADD								
ICUAC	TRAINING FUND CONTR	BUTIONS						