

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

# TRAINING FUND CONTRIBUTIONS

## California Apprenticeship Council

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, unless the project is administered by a public agency or for non-apprenticeable occupations such as utility technicians, lead abatement worker, etc.



Please note: **no contributions** accepted for non-apprenticeable occupations or Federal projects, unless the project is administered by a public agency.

**\*\*Training Fund Contributions are due on the 15<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.**

<p>NAME AND ADDRESS OF CONTRACTOR/SUB CONTRACTOR MAKING CONTRIBUTION</p> <div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>Your company's name &amp; address.</p> <p><u>Each contractor/sub-contractor submits their own CAC2 form &amp; payment.</u></p> </div>	<p>CONTRACTOR'S LICENSE NUMBER</p> <div style="border: 1px solid black; padding: 5px;"> <p>Your six digit CA contractor's license number.</p> </div> <p>CONTRACT OR PROJECT NUMBER</p> <div style="border: 1px solid black; padding: 5px;"> <p>Identify the project by name or contract number.</p> </div> <p>JOBSITE LOCATION (INCLUDE COUNTY) IF APPLICABLE - GIVE NAME OF SCHOOL, HOSPITAL, BUILDING, etc.</p> <div style="border: 1px solid black; padding: 5px;"> <p>Name &amp; address of the jobsite.</p> </div> <p>PERIOD COVERED BY CONTRIBUTION (FROM - TO)</p> <div style="border: 1px solid black; padding: 5px;"> <p>Dates or time period that work was performed. (Ex: 01/01/12-01/31/12)</p> </div>
<p>NAME AND ADDRESS OF PUBLIC AGENCY AWARDED CONTRACT</p> <div style="border: 1px solid black; padding: 10px;"> <p>Name and address of the school district, city, county or state public agency that awarded this contract.</p> <p><u>DO NOT PUT THE GENERAL CONTRACTOR'S NAME HERE.</u></p> </div>	<p>CLASSIFICATIONS OF WORKERS (CARPENTER, PLUMBER, ELECTRICIAN, ETC).</p> <div style="border: 1px solid black; padding: 5px;"> <p>Use the classifications as shown in the drop down menu or in the prevailing wage determinations.</p> </div> <p>COUNTY WORK PERFORMED IN</p> <div style="border: 1px solid black; padding: 5px;"> <p>Name of County where work was performed.</p> </div> <p>ALL HOURS</p> <div style="border: 1px solid black; padding: 5px;"> <p>Total # of hours performed by journeyman and apprentice combined.</p> </div> <p>CONTRIBUTION RATE PER HOUR</p> <p>AMOUNT</p>
<p><b><u>DO NOT list social security numbers or the names of your employees; DO NOT submit a report for ZERO hours or a contribution in loose change (it happens!).</u></b></p> <p><b><u>Specific project information is necessary to properly credit you for your contribution. "Various" is not an acceptable project description.</u></b></p>	<p><a href="http://www.dir.ca.gov/DLSR/statistics_research.html#PWD">http://www.dir.ca.gov/DLSR/statistics_research.html#PWD</a></p> <div style="border: 1px solid black; padding: 5px;"> <p>Make sure the amount of your check matches the TOTAL on this form.</p> </div>
<p>TOTAL</p>	
<p>APPRENTICESHIP PROGRAM AND NUMBER OF APPRENTICE HOURS</p> <div style="border: 1px solid black; padding: 5px;"> <p>Program the apprentice is registered to or dispatched from and the number of apprentice hours worked.</p> </div>	
<p>TYPE OR PRINT YOUR NAME AND TITLE</p>	<p>DATE</p>
<p>EMAIL</p>	<p>AREA CODE &amp; TELEPHONE NUMBER</p>

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NAME AND ADDRESS OF CONTRACTOR/SUB CONTRACTOR MAKING CONTRIBUTION	CONTRACTOR'S LICENSE NUMBER
	CONTRACT OR PROJECT NUMBER
	JOBSITE LOCATION (INCLUDE COUNTY) IF APPLICABLE - GIVE NAME OF SCHOOL, HOSPITAL, BUILDING, etc.
NAME AND ADDRESS OF PUBLIC AGENCY AWARDDING CONTRACT	PERIOD COVERED BY CONTRIBUTION (FROM - TO)
CLASSIFICATIONS OF WORKERS (CARPENTER, PLUMBER, ELECTRICIAN, ETC).	COUNTY WORK PERFORMED IN
	ALL HOURS
	CONTRIBUTION RATE PER HOUR
	AMOUNT
	TOTAL
IF APPRENTICES WERE EMPLOYED, PLEASE LIST THE APPRENTICESHIP PROGRAM AND NUMBER OF APPRENTICE HOURS WORKED	
TYPE OR PRINT YOUR NAME AND TITLE	DATE
EMAIL	AREA CODE & TELEPHONE NUMBER