



**ABC NorCal Training Trust**  
**Apprentice Training Contributions Form**  
 4577 Las Positas Rd. Unit C, Livermore, CA 94551  
 Phone: (925) 474-1300 Fax: (925) 474-1310

#lovewhatyoudo  
 abcnorcal.org

**Training contributions are due by the 10<sup>th</sup> of each month.**  
 Please enter in all requested information in order to ensure successful submission and payment processing. Use a separate form for each project. You can complete the forms online, print them out and mail together with a single check made payable to the ABC NorCal Training Trust Fund.

**Mail payment to:**                   **ABC NorCal Training Trust**  
   **4577 Las Positas Road., Unit C**  
   **Livermore, CA 94551-9615**

**CONTRIBUTIONS ARE DUE AND PAYABLE THE 10TH OF MONTH FOLLOWING HOURS WORKED. 10% PENALTY ASSESSED IF RECEIVED AFTER 15TH OF MONTH.**

<b>Complete Name, Address of Contractor/Sub Contractor Making Contribution:</b>	<b>Jobsite Address:</b>	<b>Project Name and DIR ID # (if available):</b>	<b>Payroll Period Reporting Dates (Start/End):</b>
<b>Contractor License Number:</b>	<b>Jobsite County:</b>	<b>Project Type (Please Check/Circle One):</b> <div style="display: flex; justify-content: space-around; width: 100%;"> <span><b>Public Works</b></span> <span><b>Federal</b></span> <span><b>Private</b></span> </div>	

\*Please enter zero (0) hours if your apprentice did not have any hours worked for the period you're reporting.  
 Contribution rate for apprentices on all hours worked is the amount on DIR prevailing wage determination or the following, whichever is greater:  
 \*ATF = Apprentice Training Fee: **Carpenter \$1.25: Electrician \$2.25: Laborer \$1.00: Painter \$1.00: Plumber \$2.25**

Apprentice Name:	Last Four of SS#	Trade:	Total Hours:	Apprentice Training Rate:	Total Contribution \$\$\$:

*By signing below I certify that all ABC NorCal apprentices were supervised by workers who completed anti-harassment training. I further certify that all employees required to be reported by the Adoption Agreement between the employer and the ABC NorCal Training Trust fund and all hours paid are fully and accurately set forth and that our journey worker to apprentice ratio is correct.*

<b>Signature of Submitting Party:</b>	<b>Date:</b>	<b>Subtotal:</b>
		<b>10% Penalty Assessment (if applicable):</b> +
		<b>Total Amount Enclosed:</b> =

<b>Title:</b>	<b>Email</b>	<b>Phone:</b>
---------------	--------------	---------------