



APPLICATION FOR COMPANY ENROLLMENT

Company Name _____

Address _____

City _____ **State** _____ **Zip Code** _____

Program Contact Person _____

Phone Number _____

Email Address _____

Company Web Page Address _____

Company Owner/CEO Name _____

Month and Year of Company's Founding _____

(DOL requires companies offering apprenticeships to have been in business six months.)

Anticipated Number of Apprentices per year _____

Please select the apprenticeship program you are enrolling in.

- Pool Maintenance and Service Technician Pool Installer Technician

We, _____ agree to abide by all the procedures and requirements provided forth by the nationally registered Pool Maintenance and Service Technician Apprenticeship Program. We agree to carry out the intent and purpose of said standards of the program and to abide by the rules and decisions of the program sponsor. We have received a copy of the standards and do hereby request authorization to train apprentices under these standards. The on-the-job apprentice is hereby guaranteed assignment to a skilled and competent mentor or "journeyworker" and is guaranteed that the tasks assigned to the apprentice will be rotated to ensure required training in all phases of work. Further, we agree that as our apprentices progress through their on-the-job training and online education, their compensation will increase.

Signature _____

Date _____

PAYMENT

There is a one-time company enrollment fee, free for PHTA members and \$500 for non-members for corporate participation in the Apprenticeship Program.

- Please find payment included by check.
 Please charge FREE (PHTA member rate) or
 \$500 (PHTA non-member rate) to Credit Card: VISA MASTERCARD AMEX DISCOVER

Name on Card _____ **Amount to be Charged** _____

Credit Card Number _____ **Exp. Date** _____ **CVV (3 or 4 digit code)** _____

Please submit the completed application to:

Pool & Hot Tub Alliance
Attn: Apprenticeship Program
2111 Eisenhower Avenue, Suite 500
Alexandria, VA 22314

Submit Now