

## ABC SoCal Apprentice Training Contribution Form

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Payroll Month/ Year:			Phon	e:						
Contractor:			Emai	:						
Address:										
City, State, Zip:										
		Last 4#'s		Project Name	Public	Private	Federal	Total	ATF*	Total
Apprentice Name:		of SS:	Trade:	(Optional)	Hours:	Hours:	Hours:	Hours:	Rate:	Contribution:
			_	_					Subtotal	

10% Penalty Assessment (if applicable)

**Total Amount Enclosed:** 

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

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: Electrician \$.90: Plumber \$.90: HVAC \$.90: Sheet Metal \$.90: Low Voltage \$.90

Make check payable to: ABC SoCal Merit Training Trust
Mail payments and worksheet 1400 N. Kellogg Dr., Suite A
to: Anahein, CA 92807

Phone: (714) 779-3199 Fax: (714) 779-3193

I certify that all employees required to be reported by the Adoption Agreement between the employer and ABC SoCal Merit Training Trust Fund and all hours paid are fully and accurately set forth.

Signature:	Date: