



Joint Journeymen & Apprentice Training Center

650 W. Cienega Ave.
San Dimas CA 91773

TRAINING VOUCHER APPLICATION

Company Name _____

Address _____ City _____ Zip Code _____

Telephone Number _____ Email _____

Company Contact Person _____ Title _____

Description of Training _____

Course Title _____

Course Dates _____ Course Hours _____

Name of Student _____ Student's UA Local Union _____

Current Classification _____ Total Taxable Rate _____

Amount Applying For: (Course Hours x Rate) _____

Email Applications to: Tom Walsh - tom@jjatc.com

FOR OFFICE USE ONLY

Date Submitted _____ Date Approved _____ Amount Approved _____

Approved By _____ Signature _____