

8111 NE HOLMAN ST. PORTLAND, OR 97218 PHONE (503) 256-7300 FAX (503) 252-9560 www.nwcoc.com

Training Agent Voluntary Withdrawal Form

Compa	any Name;	
Contact Person:		
Address:		
City, State, Zip:		
Phone:		
Apprenticeship Program:		(Oregon Columbia Carpenters, Lane/Douglas Carpenters, Laborers, Operators, Masons: Concrete Finishers, Masons: Brick, Sign Hangers)
Signati	ıre:	
Print N	ame:	
	eceipt of this form, you wilg and formally terminated	I be added to the agenda at the next Apprenticeship Committee (JATC/TATC) from the program.
	We would like to discontinue our involvement in the apprenticeship program at this time. *Be aware that Trust policy does not allow contractors to receive administrative services for six (6) months subsequent to the withdrawal date. All delinquent hours and payments must be collected prior to rejoining the program.	
	We would like to speak to the JATC about concerns we have about the program.	
Please	provide a brief explanation	n:

Submit completed form – by Email: <u>info@nwcoc.com</u>. By Fax: 503-252-9560. By US Mail: CITT C/O NW College of Construction 8111 NE Holman St, Portland, OR 97218. Thank you for your time and remarks.