

**Construction Training Program  
Training Plan**

**CONTRACT (project) INFORMATION**

No.	Name:
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**CONTRACTOR INFORMATION**

Contractor:		Goal Assigned:
Address:		City, State, Zip:
Contractor Representative:	Email Address:	Phone:

**PARTICIPATION INFORMATION**

Wage Classification:	Max. Hours (OJT)	Number and type of Participants	Approximate Start Date:	Approximate End Date:

Trainee Types  
 A = apprentice      AG = graduate of apprenticeship      OJT = on-the-job trainee      OG = OJT graduate  
 CR = construction-ready      B = bilingual program

<b>CONTRACTOR ACKNOWLEDGEMENT STATEMENT</b>	<b>CITY OF AUSTIN USE ONLY</b>
I understand and will comply fully with the plans, specifications, terms, and conditions under which this training is being performed.	
signed:	name:
date:	signed:
	date:
	__ Approved      __ Disapproved
Comments:	

For questions, contact the City of Austin’s Capital Contracting Office at 512-974-7181, and ask to speak with the Construction Training Program Administrator.

Forward a signed copy of this completed form to [CCOWageComplianceDL@austintexas.gov](mailto:CCOWageComplianceDL@austintexas.gov).