NORTHWEST MEAT PROCESSORS ASSOCIATION • JOURNEYMAN MEAT CUTTER APPRENTICESHIP PROGRAM

TRAINING AGENT AGREEMENT

Instructions: This agreement must be signed before any apprentice is enrolled at the Training Agent's facility. The Training Agent retains a copy. The original is submitted to the Apprenticeship Training Director. This agreement must be on file before any apprentice enrollment is finalized and before any curriculum materials are distributed.

TRAINING AGENT FACILITY INFORMATION

Facility / Business Name	Owner / Manager Name
Facility Address	City / State / Zip
Phone Number	Email Address
DOL Registration Number	Training Agent Approval / ID Number
Employer Identification Number (EIN)	All-Round Butcher (MEAT CUTTER) — 51-3021.00 Occupation / O*NET-SOC Code

Authorized State of Operation (check one): ☐ Washington ☐ Oregon ☐ Idaho ☐ Utah

Facility Type (check all that apply): ☐ USDA-Inspected ☐ State-Inspected ☐ Custom Exempt ☐ Retail Butcher Shop

TRAINING AGENT ACKNOWLEDGMENTS

I, the undersigned Training Agent, confirm the following:

1. I have read the NWMPA Journeyman Meat Cutter Apprenticeship Program Handbook in its entirety and understand the requirements, expectations, and procedures it contains.
2. My facility is a USDA-inspected, state-inspected, custom exempt, or retail butcher shop facility operating in the authorized state indicated above.
3. I have passed the NWMPA Training Agent Qualification Examination with a score of 80% or above.
4. I am an NWMPA-approved Training Agent authorized by the Northwest Meat Processors Association to deliver the NWMPA Journeyman Meat Cutter Apprenticeship Program curriculum, and I will use the curriculum materials solely as authorized by NWMPA.
5. I am registered with the U.S. Department of Labor Office of Apprenticeship as a participating employer in the NWMPA program, or I understand that such registration must be completed before any apprentice is enrolled and before any curriculum materials are distributed.
6. I understand and accept my three core responsibilities: to deliver instruction using the Training Agent Manual for each section, to verify competency honestly using the program's assessment standards, and to administer assessments in accordance with the program's requirements.
7. I understand that I am the final authority on competency certification for apprentices in my facility and that I may not certify an apprentice who has not genuinely met the program's standards.
8. I understand the reporting requirements — weekly hour logs, monthly summaries submitted by the 10th of each month, wage reporting, enrollment changes, and section certifications — and commit to meeting them.

9. I will maintain all required program records for a minimum of five years from the date of each section certification.
10. I will not include in any apprenticeship agreement, or otherwise impose on an apprentice, a non-compete clause or other provision that restricts the apprentice's ability to seek or accept employment with another employer prior to or following completion of the apprenticeship.
11. I will inform each apprentice of their rights and protections under applicable Federal, State, and local laws, including the equal opportunity protections of 29 CFR Part 30 and the right to file a complaint, and will cooperate with the Apprenticeship Training Director in completing the Federal apprenticeship registration (ETA-671) and RAPIDS enrollment for each apprentice at my facility.
12. I will comply with the equal opportunity and non-discrimination requirements of the program, including the requirements of 29 CFR Part 30, as a condition of my participation.
13. I have also received and read the Apprenticeship Program Standards adopted by the Northwest Meat Processors Association.

SIGNATURES

Training Agent Signature _____ Date _____

Training Agent Name (Print) _____ Title _____

Facility Name _____ DOL Registration Number _____

Training Agent Approval / ID Number _____ Training Agent Qualification Exam Score _____

FOR TRAINING DIRECTOR USE ONLY

Apprenticeship Training Director Signature _____ Date Received _____

RAPIDS Registration Confirmed (date) _____ Training Agent Approval Date _____

Notes / Conditions of Approval _____