



[Apprenticeship Standards](#) | [CAC - Training Fund Contributions](#)

CAC - Training Fund Contributions

You must enter all requested information in order to ensure successful submission and processing of your payment.

Training Fund Contributions are due on the 15th of each month.

All fields with * are required. If no Project ID number use None.

If there is no work for a particular month you do not need to submit a CAC2 form with zero amount for that month.

You must use the **BUTTON** on the bottom of the page to submit for an invoice coupon.

TO NAVIGATE BETWEEN FIELDS, DO NOT HIT RETURN OR ENTER KEY AFTER EACH ENTRY. USE THE TAB KEY INSTEAD.

You need to have a working printer currently connected to your computer in order to print the complete paper form in the end of this session so that you can mail it with your payment.

Training Fund Contributions Form CAC2

Date: 9/9/2019

CLEAR FORM

Contractor/Sub Contractor making contributions	Contractor	Period covered by contribution (from - to)	Jobsite Location (including County)
* Name: <input type="text"/>	* License Number: <input type="text"/>	* Period Start: <input type="text"/>	If applicable, give name of hospital, building, etc. <input type="text"/>
* Address: <input type="text"/>	* Contract/Project Number <input type="text"/>	* Period End: <input type="text"/> (MM/DD/YYYY)	Comments: <input type="text"/>
* City: <input type="text"/>			
* State: <input type="text"/>			
* ZIP: <input type="text"/>			

* Name of the submitting party: <input type="text"/>	* Submitter's Title: <input type="text"/>	* Submitter's Email: <input type="text"/>	* Submitter's Phone: e.g., (999) 999-9999 <input type="text"/>
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Instructions: You may want to use the keyboard TAB key to navigate the fields and the Up ^ | Down \ ARROW keys to select a list item.

* County of Work	* Classification ¹	* Hours (min.: 0.5; max: 9 999.99)	* Rate (min.: 0.01; max: \$9.99)
*1) <input type="text" value="Select a county"/>	<input type="text" value="Select an occupation"/>	** <input type="text"/>	\$

				**
2)	Select a county ▼	Select an occupation ▼		\$
3)	Select a county ▼	Select an occupation ▼		\$
4)	Select a county ▼	Select an occupation ▼		\$
5)	Select a county ▼	Select an occupation ▼		\$
6)	Select a county ▼	Select an occupation ▼		\$
7)	Select a county ▼	Select an occupation ▼		\$
8)	Select a county ▼	Select an occupation ▼		\$
9)	Select a county ▼	Select an occupation ▼		\$
10)	Select a county ▼	Select an occupation ▼		\$
11)	Select a county ▼	Select an occupation ▼		\$
12)	Select a county ▼	Select an occupation ▼		\$
13)	Select a county ▼	Select an occupation ▼		\$
14)	Select a county ▼	Select an occupation ▼		\$
15)	Select a county ▼	Select an occupation ▼		\$
16)	Select a county ▼	Select an occupation ▼		\$
17)	Select a county ▼	Select an occupation ▼		\$
18)	Select a county ▼	Select an occupation ▼		\$
19)	Select a county ▼	Select an occupation ▼		\$
20)	Select a county ▼	Select an occupation ▼		\$

Footnote 1 – If you are unable to locate the occupation in the pull down menu, please click on this link:
<http://www.dir.ca.gov/databases/das/pwaddrstart.asp> for specific information assistance.

TOTAL AMOUNT: \$ 0.00

When done with some or all the entries above, please carefully review and then enter the green code you



see below:

95581

Calculate Total Amount

Please send all contributions to:

Department of Industrial Relations
California Apprenticeship Council
P.O. Box 511283
Los Angeles, CA 90051-7838

April 2018

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