



**CARPENTERS  
SOUTHWEST  
ADMINISTRATIVE  
CORPORATION**

533 South Fremont Avenue  
Los Angeles, CA 90071-1706

**Tel:** 213-386-8590 • **Toll Free:** 800-293-1370

[www.carpenterssw.org](http://www.carpenterssw.org)

## Application for C4A Program Participation

Employer Name: \_\_\_\_\_ License # \_\_\_\_\_ C4A

Employee/Applicant's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_

Social Security: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Member ID and/or UBC#: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Compensation: (Dollar Amount per week or month, or if paid by the hour, current hourly rate): \_\_\_\_\_

Has the applicant ever been reported on the C4A program while employed by your company? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_

Please check the space next to the category which best describes the Employee/Applicant.

_____ past participant unit employee ("Bargaining Unit Alumni"),	_____ administrative,
_____ owner,	_____ non-bargained employee,
_____ manager,	_____ non-construction employee

The undersigned Employer agrees to make contributions to the following Trust(s) on behalf of the above-named Employee/Applicant:

\_\_\_\_\_ Southwest Carpenters Health and Welfare Trust  
(Initial)

\_\_\_\_\_ Decline Contribution  
(Initial)

\_\_\_\_\_ Southwest Carpenters Pension Trust, and the Southwest Carpenters Annuity Plan (if applicable in area)  
(Initial)

The undersigned Employer agrees that all contributions will be paid at the hourly rates required by the Collective Bargaining Agreement for 173 hours per month, and further agrees to make such contributions for the duration of employment as long as we are bound to a Collective Bargaining Agreement requiring contributions to the Trusts with respect to carpenter employees.

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Title: \_\_\_\_\_

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***This Section is for CSAC office use only:***

Participant Status: \_\_\_\_ Alumni \_\_\_\_ Full Employer Participation \_\_\_\_ 700hrs Alumni:\_\_\_\_  
(Year Completed)

History Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

Last Reported Dated: \_\_\_\_\_ C4A Billing Record Established: \_\_\_\_\_

Employee Maintenance Record Established: \_\_\_\_\_ By: \_\_\_\_\_