



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
 VETERANS EDUCATION AND TRAINING SECTION  
 P.O. BOX 480, JEFFERSON CITY, MISSOURI 65102-0480

**SUBMIT 4 COPIES TO**  
 VETERANS EDUCATION & TRAINING SECTION  
 P.O. BOX 480  
 JEFFERSON CITY, MO 65102-0480

**AMENDMENT TO APPROVAL**

<input type="checkbox"/> APPRENTICESHIP		<input type="checkbox"/> OTHER ON-THE-JOB TRAINING	
NAME OF FIRM OR JOINT APPRENTICESHIP COMMITTEE		TELEPHONE NUMBER	
ADDRESS		CITY	DATE
		ZIP CODE	COUNTY
TYPE OF BUSINESS		JOB OBJECTIVE TITLE	
<b>A. CHANGE OF WAGE SCHEDULE</b>			
EFFECTIVE DATE OF WAGE CHANGE		<input type="checkbox"/> HOUR	<input type="checkbox"/> WEEK
		<input type="checkbox"/> MONTH	
BEGINNING WAGE		LENGTH OF TRAINING PERIOD	NORMAL WORK-WEEK (HOURS)
END OF		END OF	
END OF		END OF	
END OF		END OF	
END OF		END OF	
END OF		WAGE AT COMPLETION OF PROGRAM	
<b>B. CHANGE OF ADDRESS</b>			
ADDRESS	CITY	TELEPHONE NUMBER	EFFECTIVE DATE
<b>C. CHANGE OF OWNERSHIP</b>			
NAME OF FIRM IF CHANGED		EFFECTIVE DATE	
<b>CERTIFICATION</b>			
(TYPE NAME OF AUTHORIZED OFFICIAL OF THE TRAINING ESTABLISHMENT)		TITLE	
SIGNATURE OF AUTHORIZED OFFICIAL OF THE TRAINING ESTABLISHMENT			
<b>STATE APPROVING AGENCY RECOMMENDATION</b>			
<input type="checkbox"/> NOT RECOMMENDED  <input type="checkbox"/> I HAVE FOUND THIS AMENDMENT TO BE IN COMPLIANCE WITH APPLICABLE LAWS, REGULATIONS, AND STANDARDS, AND RECOMMEND APPROVAL.			
AREA SUPERVISOR SIGNATURE		DATE OF VISIT	