



JOURNEYMAN RECOGNITION AWARD

Nomination Form

Name of Journeyman _____

Employer of Journeyman _____

Comments about this Journeyman (optional):

Apprentice nominating this Journeyman _____

Your Class Year Group: ___ 1st ___ 2nd ___ 3rd ___ 4th ___ 5th

Signature of Apprentice: _____

Drop off, mail or email this nomination slip to the JATC:

Sacramento JATC
c/o Journeymen Award
2836 El Centro Road
Sacramento, CA 95833

Email: adminstaff@340jatc.org