

## Program registration page

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## Program Registration

1 Sponsor Information	2 Program Information	3 Add Occupation Information	4 RTI Information	5 Electronic Signature
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1. Sponsor Information

Organization:\*  [?](#)  
(Enter no more than 60 characters)

Address:\*  (Enter no more than 60 characters)

City:\*

State:\*

Zipcode:\*  -  (Ex. 00000 - 0000)

EIN:  (Ex. 99-9999999) [?](#)

Name and Address of Sponsor Designee to Receive Complaints(if applicable)

Name:

Address:  (Enter no more than 60 characters)

City:

State:

Zipcode:  -  (Ex. 00000 - 0000)

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## Program Details: IR10000271 - test org

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<b>2. Program Information</b>				
<p><b>Program Type:*</b> <input type="text" value="Select a Program Type"/> ?</p> <p><b>Local Bargaining Agency:*</b> <input type="text"/></p> <p><b>National Affiliation:*</b> <input type="text"/> <input type="button" value="Choose a National Affiliation"/></p> <p><b>Number of Employers:*</b> <input type="text"/> <b>Waiver:*</b> <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p><b>Size of Workforce:*</b> <input type="text"/></p> <p><b>Affirmative Action Plan?:*</b> <input checked="" type="radio"/> Yes <input type="radio"/> No ?</p> <p><b>Selection Procedure?:*</b> <input checked="" type="radio"/> Yes <input type="radio"/> No ?</p> <p><b>NAICS Code:*</b> <input type="text" value="Select a NAICS Code..."/></p> <p><b>Products/Services:*</b> <input type="text"/> (Enter no more than 60 characters)</p> <p><b>Prisoner/Sheltered Workshop Indicator:*</b> <input type="radio"/> Yes <input checked="" type="radio"/> No ?</p>				
<b>Program Sponsor Contact Information</b>				
<p><b>Name:*</b> <input type="text"/> (Enter no more than 60 characters)</p> <p><b>Address:*</b> <input type="text"/> <input type="checkbox"/> Same as Sponsor's address (Enter no more than 60 characters)</p> <p><b>City:*</b> <input type="text"/></p> <p><b>State:*</b> <input type="text" value="Select a State"/></p> <p><b>Zipcode:*</b> <input type="text"/> - <input type="text"/> (Ex. 00000 - 0000)</p> <p><b>Phone:*</b> <input type="text"/> (Ex. 000-000-0000) <b>Ext:</b> <input type="text"/></p> <p><b>Cell Phone:</b> <input type="text"/> (Ex. 000-000-0000)</p> <p><b>Fax:</b> <input type="text"/> (Ex. 000-000-0000)</p> <p><b>E-mail:*</b> <input type="text"/> (Ex.: john@doe.com or jane@doe.com)</p>				

**Program Address**

**Program Name:\***

**Address:\***   **Same as Sponsor's address**  
(Enter no more than 60 characters)

**City:\***

**State:\***

**Zipcode:\***  -  (Ex. 00000 - 0000)

**Significant Dates**

**Registration Date:\***   (Ex. MM/DD/YYYY)

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Quit

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<b>3. Add Occupation Information</b>				
Occupation Type:* <input type="text" value="Select an Occupation Type"/> ?				
Occupation:* <input type="text" value="Select an Occupation"/> ?				
Probation Length:* <input type="text"/> ?				
Written STA Agreement?:* <input checked="" type="radio"/> Yes <input type="radio"/> No ?				
Journey Worker Wage:* \$ <input type="text" value="0.00"/> ? <input checked="" type="radio"/> Hourly <input type="radio"/> Monthly <input type="radio"/> Annually				
<b>Journey Workers Employed</b>				
Female:* <input type="text"/>				
Minority:* <input type="text"/>				
Youth:* <input type="text"/>				
Journey Workers:* <input type="text"/>				

\* denotes required fields





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### 3. Occupation Information

Occupation: AIR CONDITIONING MECH (Auto Serv)  
 Term Length: 6000  
 Probation Length: 0  
 Written STA Agreement?: Yes  
 Journey Worker Wage: 17.24 / Hour

### Journey Workers Employed

Female: 2  
 Minority: 3  
 Youth: 1  
 Total: 45

### 3A. Wage Schedule Information

Please Enter Wage Schedule Information. (You Can Enter Up To 4 Wage Schedules)

Wage Schedule	Increment Type	Start Date	Wage Increment	Number of Periods
1.	* <input type="text" value="Percent of Journey Wage"/>	* <input type="text"/> <input type="button" value="Calendar"/> (Ex. MM/DD/YYYY)	* \$ <input type="text"/> /hour	* <input type="text"/>
2.	* <input type="text" value="Percent of Journey Wage"/>	* <input type="text"/> <input type="button" value="Calendar"/> (Ex. MM/DD/YYYY)	* \$ <input type="text"/> /hour	* <input type="text"/>
3.	* <input type="text" value="Percent of Journey Wage"/>	* <input type="text"/> <input type="button" value="Calendar"/> (Ex. MM/DD/YYYY)	* \$ <input type="text"/> /hour	* <input type="text"/>
4.	* <input type="text" value="Percent of Journey Wage"/>	* <input type="text"/> <input type="button" value="Calendar"/> (Ex. MM/DD/YYYY)	* \$ <input type="text"/> /hour	* <input type="text"/>

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### Program Details: IR10000271 - test org

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<b>3. Occupation Information</b>				
		Occupation:	AIR CONDITIONING MECH (Auto Serv)	
		Term Length:	6000	
		Probation Length:	0	
		Written STA Agreement?:	Yes	
		Journey Worker Wage:	17.24 / Hour	
<b>Journey Workers Employed</b>				
		Female:	2	
		Male:	3	

Youth:	1
Journey Workers:	45

**3A. Wage Schedule Information**

Please Enter Wage Schedule Information. (You Can Enter Up To 4 Wage Schedules)

Wage Schedule	Increment Type	Start Date	Wage Increment	Number of Periods
1.	Percent of Journey Wage	09/26/2008	0.4	4

**3B. Wage Schedule Term Information**

Wage Schedule No.1

Period	1	2	3	4
Term in Hours	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>
Percentage	* % <input type="text"/>	* % <input type="text"/>	* % <input type="text"/>	* % <input type="text"/>

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<b>RTI Provider Information</b>				
Occupation:* AIR CONDITIONING MECH (Auto Serv) ?				
Instruction Method:* Select Instruction Method ?				
Are Wages Paid During RTI?* <input type="radio"/> Yes <input checked="" type="radio"/> No				
Total Length of Instruction:* <input type="text"/> ? hours				
Hours Instruction Provided?* <input checked="" type="radio"/> During Work Hrs <input type="radio"/> During Non-Work Hrs <input type="radio"/> During Work & Non-Work Hours				

Provider Type (Mark one or more):\*

- Sponsor       Community College       Technical School  
 Vocational School       Correspondence       Web Based  
 Other

RTI Provider Contact Information

Provider:  ?

Name:\*  ?

Address:\*  (Enter no more than 60 characters)

City:\*

State:\*

Zipcode:\*  -  (Ex. 00000 - 00000)

Contact Name:\*

Contact Phone:\*  (Ex. 000-000-0000)

E-mail:   
(Ex.: john@doe.com or jane@doe.com)

Website (URL):   
(Ex.:http://companywebsite.com)

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<b>Sponsor Information</b>				
<p><b>Organization:</b> test org</p> <p><b>Address:</b> 355 Test Street</p> <p><b>City:</b> ALGONAC</p> <p><b>State:</b> MI</p> <p><b>Zip Code:</b> 48001</p>				
<b>Name and Address of Sponsor Designee to Receive Complaints(if applicable)</b>				
<p><b>Organization:</b> test</p> <p><b>Address:</b></p> <p><b>City:</b></p> <p><b>State:</b></p> <p><b>Zip Code:</b></p> <p><b>EIN:</b> -</p> <p style="text-align: right;"><input type="button" value="Update"/></p>				
<b>Program Information</b>				
<p><b>Program Type:</b> Individual Non-Joint</p> <p><b>Bargaining Agency:</b>                      <b>National Affiliation:</b></p> <p><b>Number of Employers:</b> 100                      <b>Waiver:</b> No</p> <p><b>Size of Workforce:</b> 300</p> <p><b>Affirmative Action Plan?:</b> No</p> <p><b>Selection Procedure?:</b> Yes</p> <p><b>NAICS Code:</b> 111191</p> <p><b>NAICS Title:</b> Oilseed and Grain Combination Farming</p> <p><b>Products/Services:</b> test</p> <p><b>Prisoner/Sheltered Workshop Indicator:</b> No</p>				
<b>Program Sponsor Contact Information</b>				

**Name:** test

**Address:** 355 Test Street

**City:** ALGONAC

**State:** MI

**Zip Code:** 48001

**Phone:** 433-222-2222

**Extension:**

**Fax:**

**E-mail:** luu.bicanh@dol.gov

**Program Address**

**Program Name:** test

**Address:** 355 Test Street

**City:** ALGONAC

**State:** MI

**Zip code:** 48001

**Significant Dates**

**Registration Date:** 09/26/2008

Update

### Occupation Information

	Occupation	Type	Term Hours	Probation	Journey Workers		
1.	AIR CONDITIONING MECH (Auto Serv) (0686)	Time	6000	0	45	<input type="button" value="Update"/>	<input type="button" value="Delete"/>
<input type="button" value="Add a New Occupation"/>							

### RTI Information

	Provider Name	Occupation Code	Method	Length of Instruction	Provider Type		
1.	ABC CONSTRUCTION ACADEMY	0686	Community College	500	Community College	<input type="button" value="Update"/>	<input type="button" value="Delete"/>
<input type="button" value="Add Another RTI Provider"/>							

### Current Status Information

**Status:** Incomplete Data

**Status Last Updated:** 09/26/2008

**Status Last Updated by:** MI001

### Electronic Signature

Sign this registration by clicking the box below. By signing here you are acknowledging that the information you have entered is accurate to the best of your knowledge.

Thomas Johnson - MI001

**Electronic Signature \***

\* denotes required fields

