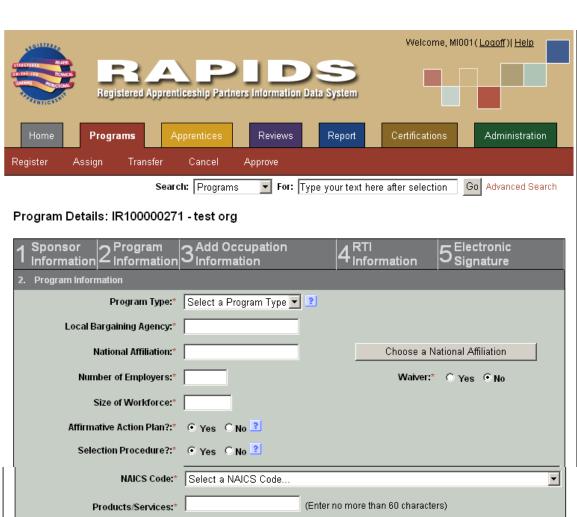
Program registration page

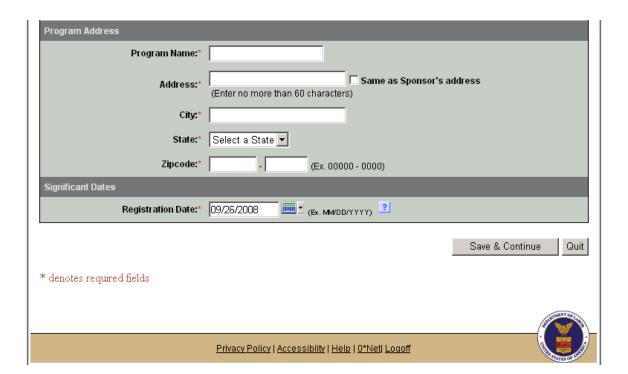
Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information, Program Registration – Section I, is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Obligation to respond is required to obtain or retain benefits (29 USC 50). Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of Apprenticeship, 200 Constitution Avenue, N.W., Room N-5311, Washington, D.C. 202210 (Paperwork Reduction Project 1205-0223).

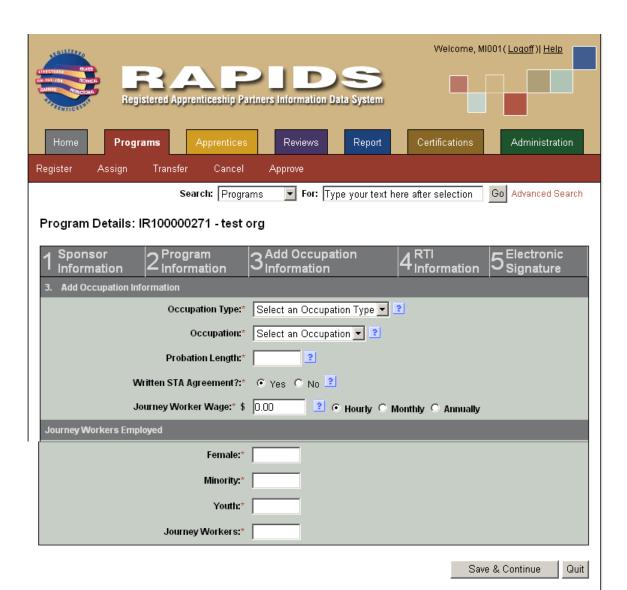


Name and Address of Sponsor Designee to Receive Complaints(if applicable)	
Name:	
Address:	(Enter no more than 60 characters)
City:	
State:	Select a State ▼
Zipcode:	- (Ex. 00000 - 0000)
***	Save & Continue Quit
* denotes required fields	
	September Or Con
<u>Privacy Po</u>	licy Accessiblity Help 0*Net Logoff



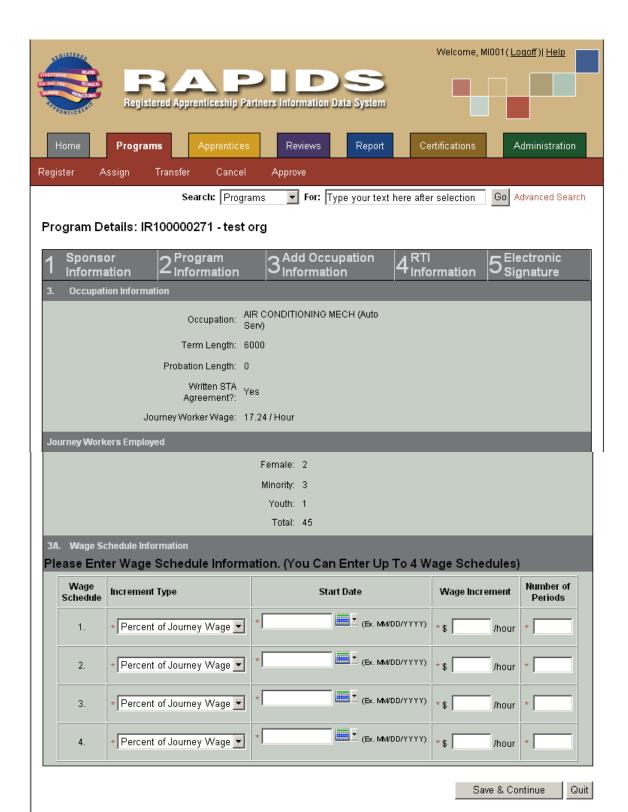
Prisoner/Sheltered Workshop ○ Yes ⓒ No 🛂 Indicator: **Program Sponsor Contact Information** Name:* (Enter no more than 60 characters) ☐ Same as Sponsor's address Address:* (Enter no more than 60 characters) City:* State:* Select a State Zipcode:* (Ex. 00000 - 0000) Phone:* (Ex. 000-000-0000) Ext: Cell Phone: (Ex. 000-000-0000) Fax: (Ex. 000-000-0000) E-mail:* (Ex.: john@doe.com or jane@doe.com)

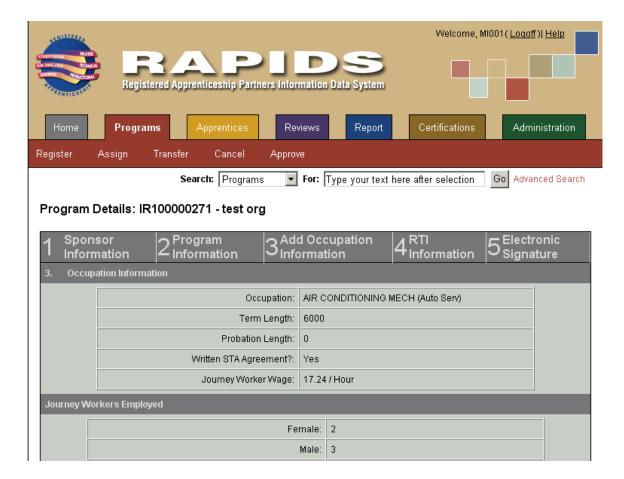


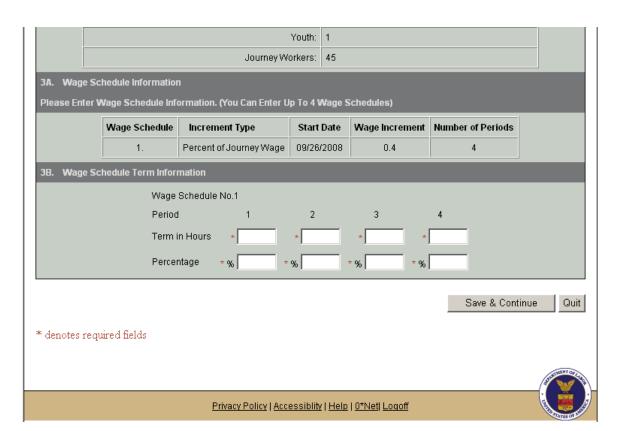


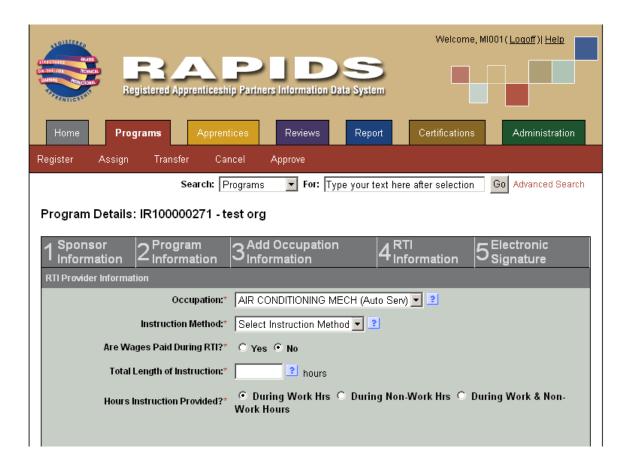
* denotes required fields





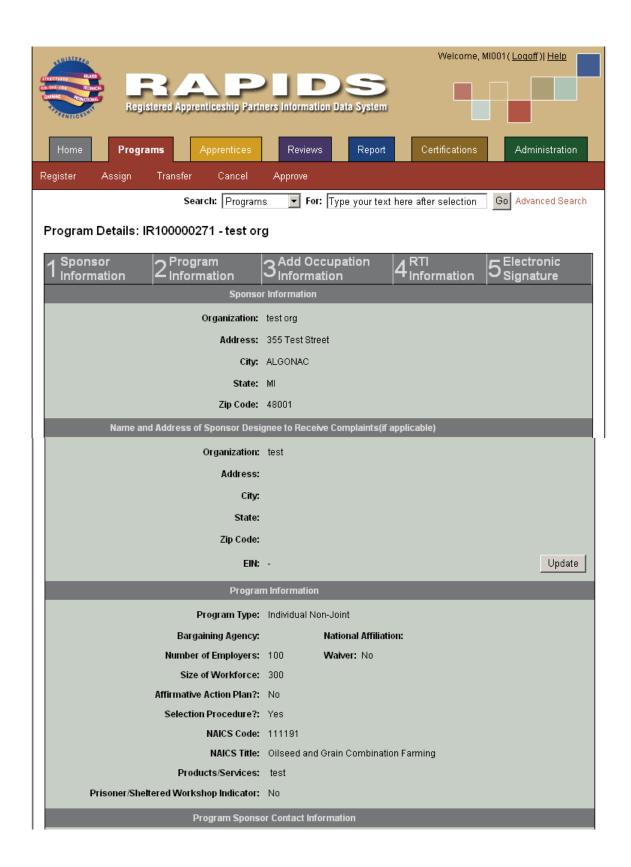






Provider Type (Mark one or more):*	□ Sponsor □ Community College □ Technical School □ Vocational School □ Correspondence □ Web Based □ Other □
RTI Provider Contact Information	
Provider:	Select a Provider
Name:*	2
Address:*	(Enter no more than 60 characters)
City:*	
State:*	Select a State ▼
Zipcode:*	- (Ex. 00000 - 0000)
Contact Name:*	
Contact Phone:*	(Ex. 000-000-0000)
E-mail:	(Ex.: john@doe.com or jane@doe.com)
Website (URL):	(Ex.:http://companywebsite.com)
	Save & Continue Quit

* denotes required fields



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

