

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)

Save & Continue

Quit

* denotes required fields





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Program Details: IR10000271 - test org

1 Sponsor Information	2 Program Information	3 Add Occupation Information	4 RTI Information	5 Electronic Signature
2. Program Information				
Program Type:* <input type="text" value="Select a Program Type"/> ?				
Local Bargaining Agency:* <input type="text"/>				
National Affiliation:* <input type="text"/> <input type="button" value="Choose a National Affiliation"/>				
Number of Employers:* <input type="text"/> Waiver:* <input type="radio"/> Yes <input checked="" type="radio"/> No				
Size of Workforce:* <input type="text"/>				
Affirmative Action Plan?:* <input checked="" type="radio"/> Yes <input type="radio"/> No ?				
Selection Procedure?:* <input checked="" type="radio"/> Yes <input type="radio"/> No ?				
NAICS Code:* <input type="text" value="Select a NAICS Code..."/>				
Products/Services:* <input type="text"/> (Enter no more than 60 characters)				
Prisoner/Sheltered Workshop Indicator:* <input type="radio"/> Yes <input checked="" type="radio"/> No ?				
Program Sponsor Contact Information				
Name:* <input type="text"/> (Enter no more than 60 characters)				
Address:* <input type="text"/> <input type="checkbox"/> Same as Sponsor's address (Enter no more than 60 characters)				
City:* <input type="text"/>				
State:* <input type="text" value="Select a State"/>				
Zipcode:* <input type="text"/> - <input type="text"/> (Ex. 00000 - 0000)				
Phone:* <input type="text"/> (Ex. 000-000-0000) Ext: <input type="text"/>				
Cell Phone: <input type="text"/> (Ex. 000-000-0000)				
Fax: <input type="text"/> (Ex. 000-000-0000)				
E-mail:* <input type="text"/> (Ex.: john@doe.com or jane@doe.com)				

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)

Save & Continue

Quit

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Program Details: IR10000271 - test org

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3. Add Occupation Information				
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				
Journey Workers Employed				
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"/>

* denotes required fields



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Program Details: IR10000271 - test org

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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	
		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"/>

Save & Continue Quit

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Program Details: IR10000271 - test org

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RTI Provider Information				
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:* [] ? 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)

Save & Continue

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

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

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"/>

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"/>

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

