

Screen Shots for Form 671 Section I – Program Registration

The screenshot shows the RAPIDS (Registered Apprenticeship Partners Information Data System) interface. At the top, a navigation bar includes 'Home', 'Programs', 'Apprentices', and 'Certifications'. A search bar is set to 'Apprentices' with a 'Go' button and an 'Advanced Search' link. Below the search bar, a table lists one program entry:

| Number | Org. ID ▲▼ | Program Number ▲▼ | Sponsor Name ▲▼ | ATR ▲▼ | Status ▲▼ | Assign To | Preview |
|--------|------------|-------------------|-----------------|--------|------------|-----------|---------|
| 1. | S50 | MI0090 | ELECTRIC | MI010 | Registered | | |

A blue arrow points from the 'OMB No. 1205-0223 Expires: 01-31-2012' text in the top right of the RAPIDS interface to a separate browser window. The browser window displays the public burden statement for OMB No. 1205-0223, titled 'OMB No. 1205-0223 ETA form 671, Program Registration Section I Expires: 01-31-2012'. The text in the browser window reads: 'Public Burden Statement – 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 is estimated to average ten 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. The obligation to respond is required to obtain or retain benefits under 29 USC 50. Send comments regarding this burden 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. 20210 (Paperwork Reduction Project 1205-0223).'

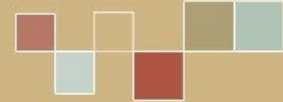
Figure 1. Program Registration Public Burden Statement



RAPIDS

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Program Registration

| 1 Sponsor Information | 2 Program Information | 3 Add Occupation Information | 4 RTI Information | 5 Electronic Signature |
|---|-----------------------|------------------------------|-------------------|------------------------|
| 1. Sponsor Information | | | | |
| Organization:* <input type="text"/> ? (Enter no more than 60 characters) | | | | |
| Address:* <input type="text"/> (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 - 00000) | | | | |
| EIN: <input type="text"/> (Ex. 99-9999999) ? | | | | |
| Name and Address of Sponsor Designee to Receive Complaints(if applicable) | | | | |
| Name: <input type="text"/> | | | | |
| Address: <input type="text"/> (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 - 00000) | | | | |

Figure 2. Form 671 Section I (partial) Sponsor Information



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Search: Apprentices For: [Advanced Search](#)

Program Details: IR100003009 - AAAAA

| 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 type="radio"/> Yes <input checked="" type="radio"/> No ? | | | | |
| Selection Procedure?: <input type="radio"/> Yes <input checked="" 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 is a "Green Jobs" Supporting Employer: <input type="radio"/> Yes <input checked="" type="radio"/> No ? | | | | |
| Program Sponsor is participating in activities related to the "Recovery Act" of 2009: <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: Phone: <input type="text"/> (Ex. 000-000-0000) Ext: <input type="text"/> | | | | |
| Cell Phone: Phone: <input type="text"/> (Ex. 000-000-0000) | | | | |
| Fax: Phone: <input type="text"/> (Ex. 000-000-0000) | | | | |
| E-mail: <input type="text"/> (Ex.: john@doe.com or jane@doe.com) | | | | |
| Program Address | | | | |
| Program Name: <input type="text"/> | | | | |
| 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) | | | | |
| Significant Dates | | | | |
| Registration Date: <input type="text" value="12/20/2011"/> ? (Ex. MM/DD/YYYY) | | | | |

* denotes required fields



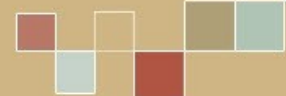
Figure 3. Form 671 Section I (continued) Program Information



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Search: For: [Advanced Search](#)

Program Details: IR100003009 - AAAAA

| 1 Sponsor Information | 2 Program Information | 3 Add Occupation Information | 4 RTI Information | 5 Electronic Signature |
|--|-----------------------|------------------------------|-------------------|------------------------|
| 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 ? | | | | |
| Journeyworker Wage:* \$ <input type="text" value="0.00"/> ? <input checked="" type="radio"/> Hourly <input type="radio"/> Monthly <input type="radio"/> Annually | | | | |
| Journeyworkers Employed | | | | |
| Female:* <input type="text"/> | | | | |
| Minority:* <input type="text"/> | | | | |
| Youth:* <input type="text"/> | | | | |
| Journeyworkers:* <input type="text"/> | | | | |

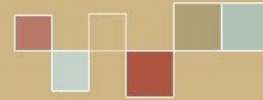
* denotes required fields

Figure 4. Form 671 Section I (continued) Add Occupation Information/Journeyworkers Employed



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Search: For: [Advanced Search](#)

Program Details: IR100003009 - AAAAA

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

3. Occupation Information

Occupation: AGRICULTURAL SERVICE WORKER
 Term Length: 4000
 Probation Length: 200
 Written STA Agreement?: Yes
 Journeyworker Wage: 10 / Hour

Journeyworkers Employed

Female: 2
 Minority: 1
 Youth: 0
 Journeyworkers: 4

3A. Wage Schedule Information

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

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

* denotes required fields



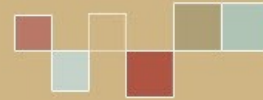
Figure 5. Form 671 Section I (continued) Add Occupation Information/Wage Schedule Information



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Search: Apprentices For: Type your text here after selection Go [Advanced Search](#)

Program Details: IR100003009 - AAAAA

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

3. Occupation Information

Occupation: AGRICULTURAL SERVICE WORKER
 Term Length: 4000
 Probation Length: 200
 Written STA Agreement?: Yes
 Journeyworker Wage: 10 / Hour

Journeyworkers Employed

Female: 2
 Male: 1
 Youth: 0
 Journeyworkers: 4

3A. Wage Schedule Information

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

| Wage Schedule | Increment Type | Start Date | Number of Periods |
|---------------|-------------------------|------------|-------------------|
| 1. | Percent of Journey Wage | 12/20/2011 | 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

* denotes required fields



Figure 6. Form 671 Section I (continued) Add Occupation Information/Wage Schedule Information



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Program Details: IR100003009 - AAAAA

| 1 Sponsor Information | 2 Program Information | 3 Add Occupation Information | 4 RTI Information | 5 Electronic Signature |
|---|-----------------------|------------------------------|-------------------|------------------------|
| RTI Provider Information | | | | |
| Occupation:* <input type="text" value="AGRICULTURAL SERVICE WORKER"/> ? | | | | |
| Instruction Method:* <input type="text" value="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):* | | | | |
| <input type="checkbox"/> Sponsor <input type="checkbox"/> Community College <input type="checkbox"/> Technical School | | | | |
| <input type="checkbox"/> Vocational School <input type="checkbox"/> Correspondence <input type="checkbox"/> Web Based | | | | |
| <input type="checkbox"/> Other <input type="text"/> | | | | |
| RTI Provider Contact Information | | | | |
| Provider: <input type="text" value="Select a Provider"/> ? | | | | |
| Name:* <input type="text"/> ? | | | | |
| Address:* <input type="text"/> (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) | | | | |
| Website (URL): <input type="text"/> (Ex.:http://companywebsite.com) | | | | |
| Contact Name:* <input type="text"/> | | | | |
| Contact Phone:* <input type="text"/> (Ex. 000-000-0000) | | | | |
| E-mail: <input type="text"/> (Ex.: john@doe.com or jane@doe.com) | | | | |

Save & Continue


Quit

* denotes required fields



Figure 7. Form 671 Section I (continued) RTI Information

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Program Details: IR10003009 - AAAAA

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

Sponsor Information

Organization: AAAAA

Address: 123 THUS STREET
 City: HOME TOWN
 State: MI
 Zip Code: 11111
 EIT: -

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

Name:
 Address:
 City:
 State:
 Zip Code:

Program Information

Program Type: Group Joint

Bargaining Agency: dddd National Affiliation: dddd

Number of Employers: 1 Waiver: No

Size of Workforce: 5

Affirmative Action Plan?: No

Selection Procedure?: No

NAICS Code: 111333

NAICS Title: Strawberry Farming

Products/Services: Strawberries

Prisoner/Sheltered Workshop Indicator: No

Program Sponsor is a "Green Jobs" Supporting Employer: No

Program Sponsor is participating in activities related to the "Recovery Act" of 2009: No

Program Sponsor Contact Information

Name: NAME1

Address: 123 THUS STREET
 City: HOME TOWN
 State: MI
 Zip Code: 11111

Phone: Extension:
 Fax:
 E-mail:

Program Address

Program Name:

Address: 123 THUS STREET
 City: HOME TOWN
 State: MI
 Zip code: 11111

Significant Dates

Registration Date: 12/20/2011

Occupation Information

| Occupation | Type | Term Hours | Probation | Journeyworker Wage | Journeyworkers | Wage Schedule | |
|---------------------------------------|------|------------|-----------|--------------------|----------------|---------------|---|
| 1. AGRICULTURAL SERVICE WORKER (0703) | Time | 4000 | 200 | \$10.00 | 4 | View | <input type="button" value="Update"/> <input type="button" value="Delete"/> |

RTI Information

| Provider Name | Occupation Code | Method | Length of Instruction | Provider Type | |
|------------------------------|-----------------|-------------------|-----------------------|-------------------|---|
| 1. Lansing Community College | 0703 | Community College | 200 | Community College | <input type="button" value="Update"/> <input type="button" value="Delete"/> |
| 2. Lansing Community College | 0703 | Community College | 200 | Community College | <input type="button" value="Update"/> <input type="button" value="Delete"/> |

Current Status Information

Status: Incomplete Data

Status Last Updated: 12/20/2011

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.

GLENN BIVINS - MI001

Electronic Signature *

* denotes required fields



Privacy Policy | Accessibility | Help | Contact | Logout

Figure 8. Form 671 Section I (continued) Electronic Signature

| Current Status Information |
|--|
| Status: Incomplete Data |
| Status Last Updated: 12/20/2011 |
| 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. |
| GLENN BIVINS - MI001 |
| <input type="checkbox"/> Electronic Signature * |

Figure 9. Form 671 Section I (continued) Sponsor/ATR Electronic Signature partial page