

Screen Shots for Form 671 Section I – Program Registration

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Rows 1 to 1 of 1 Rows per page:

Number	Org. ID ▲▼	Program Number ▲▼	Sponsor Name ▲▼	ATR ▲▼	Status ▲▼	Assign To	Preview
1.	SP50	MI0090	ELECTRIC	MI010	Registered		

Public Burden Statement, OMB Control No. 1205-0223 - Windows Internet E... - <http://166.97.5.209/version5/lib/OMBstatement.cfm?raisact=cPR.deleteProg>

OMB No. 1205-0223 ETA form 671, Program Registration Section I Expires: 01-31-2012

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).

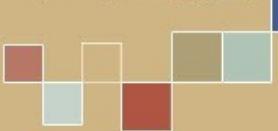
Figure 1. Program Registration Public Burden Statement



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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:^{*} [?](#)
(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)

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

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Program Details: IR100003009 - AAAAA

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

Program Type*: [?](#)

Local Bargaining Agency:

National Affiliation:

Number of Employers:

Size of Workforce: Waiver: Yes No

Affirmative Action Plan?: Yes No [?](#)

Selection Procedure?: Yes No [?](#)

NAICS Code: [?](#)

Products/Services: (Enter no more than 60 characters)

Prisoner/Sheltered Workshop Indicator: Yes No [?](#)

Program Sponsor is a "Green Jobs" Supporting Employer: Yes No [?](#)

Program Sponsor is participating in activities related to the "Recovery Act" of 2009: Yes No [?](#)

Program Sponsor Contact Information

Name*: (Enter no more than 60 characters)

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

City:

State: [?](#)

Zipcode*: - (Ex. 00000 - 0000)

Phone: Phone: (Ex. 000-000-0000) Ext:

Cell Phone: Phone: (Ex. 000-000-0000)

Fax: Phone: (Ex. 000-000-0000)

E-mail*: (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*: [?](#)

* denotes required fields

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Figure 3. Form 671 Section I (continued) Program 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

3. Add Occupation Information

Occupation Type: [?](#)

Occupation: [?](#)

Probation Length: [?](#)

Written STA Agreement?: Yes No [?](#)

Journeyworker Wage: \$ [?](#) Hourly Monthly Annually

Journeyworkers Employed

Female:

Minority:

Youth:

Journeyworkers:

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* denotes required fields

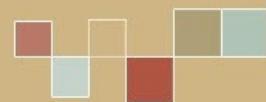
Figure 4. Form 671 Section I (continued) Add Occupation Information/Journeyworkers Employed



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Program Details: IR100003009 - AAAAA

1 Sponsor Information	2 Program Information	3 Add Occupation Information	4 RTI Information	5 Electronic Signature
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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="button" value="▼"/>	* <input type="text"/> <input type="button" value="▼"/> (Ex. MM/DD/YYYY)	* <input type="text"/>
2.	* <input type="text" value="Percent of Journey Wage"/> <input type="button" value="▼"/>	* <input type="text"/> <input type="button" value="▼"/> (Ex. MM/DD/YYYY)	* <input type="text"/>
3.	* <input type="text" value="Percent of Journey Wage"/> <input type="button" value="▼"/>	* <input type="text"/> <input type="button" value="▼"/> (Ex. MM/DD/YYYY)	* <input type="text"/>
4.	* <input type="text" value="Percent of Journey Wage"/> <input type="button" value="▼"/>	* <input type="text"/> <input type="button" value="▼"/> (Ex. MM/DD/YYYY)	* <input type="text"/>

* denotes required fields



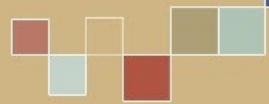
Figure 5. Form 671 Section I (continued) Add Occupation Information/Wage Schedule Information



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

Percentage * % * % * % * %

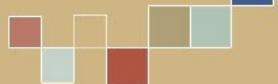
* denotes required fields



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

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Program Details: IR100003009 - AAAAA

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RTI Provider Information

Occupation*: [?](#)

Instruction Method*: [?](#)

Are Wages Paid During RTI?* Yes No

Total Length of Instruction*: [?](#) hours

Hours Instruction Provided?* During Work Hrs During Non-Work Hrs 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 - 0000)

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

Contact Name*:

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

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

[Save & Continue](#) [Quit](#)

* denotes required fields

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

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Program Details: IR100003009 - AAAA

1 Sponsor Information	2 Program Information	3 Add Occupation	4 RTI Information	5 Electronic Signature																		
<p>Sponsor Information</p> <p>Organization: AAAA Address: 123 THIUS STREET City: HOME TOWN State: MI Zip Code: 11111 ENC: -</p> <p>Name and Address of Sponsor Designee to Receive Complaints (if applicable)</p> <p>Name: Address: City: State: Zip Code: <input type="button" value="Update"/></p>																						
<p>Program Information</p> <p>Program Type: Group Joint Bargaining Agency: dddd National Affiliation: dddd Number of Employers: 1 Waiver: No Size of Workforce: 5</p> <p>Affirmative Action Plan?: No Selection Procedure?: No NAICS Code: 111333 NAICS Title: Strawberry Farming Products/Services: Strawberries Prisoner/Sheltered Workshop Indicator: No</p> <p>Program Sponsor is a "Green Jobs" Supporting Employer: No Program Sponsor is participating in activities related to the "Recovery Act" of 2009: No</p>																						
<p>Program Sponsor Contact Information</p> <p>Name: NAME1 Address: 123 THIUS STREET City: HOME TOWN State: MI Zip Code: 11111 Phone: Extension: Fax: E-mail:</p>																						
<p>Program Address</p> <p>Program Name: Address: 123 THIUS STREET City: HOME TOWN State: MI Zip code: 11111</p>																						
<p>Significant Dates</p> <p>Registration Date: 12/20/2011 <input type="button" value="Update"/></p>																						
<p>Occupation Information</p> <table border="1"> <thead> <tr> <th>Occupation</th> <th>Type</th> <th>Term Hours</th> <th>Probation</th> <th>Journeyworker Wage</th> <th>Journeyworkers</th> <th>Wage Schedule</th> <th></th> </tr> </thead> <tbody> <tr> <td>1. AGRICULTURAL SERVICE WORKER (0703)</td> <td>Time</td> <td>4000</td> <td>200</td> <td>\$10.00</td> <td>4</td> <td><input type="button" value="View"/></td> <td><input type="button" value="Update"/> <input type="button" value="Delete"/></td> </tr> </tbody> </table> <p><input type="button" value="Add a New Occupation"/></p>					Occupation	Type	Term Hours	Probation	Journeyworker Wage	Journeyworkers	Wage Schedule		1. AGRICULTURAL SERVICE WORKER (0703)	Time	4000	200	\$10.00	4	<input type="button" value="View"/>	<input type="button" value="Update"/> <input type="button" value="Delete"/>		
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<p>RTI Information</p> <table border="1"> <thead> <tr> <th>Provider Name</th> <th>Occupation Code</th> <th>Method</th> <th>Length of Instruction</th> <th>Provider Type</th> <th></th> </tr> </thead> <tbody> <tr> <td>1. Lansing Community College</td> <td>0703</td> <td>Community College</td> <td>200</td> <td>Community College</td> <td><input type="button" value="Update"/> <input type="button" value="Delete"/></td> </tr> <tr> <td>2. Lansing Community College</td> <td>0703</td> <td>Community College</td> <td>200</td> <td>Community College</td> <td><input type="button" value="Update"/> <input type="button" value="Delete"/></td> </tr> </tbody> </table> <p><input type="button" value="Add Another RTI Provider"/></p>					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"/>
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2. Lansing Community College	0703	Community College	200	Community College	<input type="button" value="Update"/> <input type="button" value="Delete"/>																	
<p>Current Status Information</p> <p>Status: Incomplete Data Status Last Updated: 12/20/2011 Status Last Updated by: MI001</p> <p>Electronic Signature</p> <p>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.</p> <p>GLENN BURNS - MI001 <input type="checkbox"/> Electronic Signature *</p>																						
<p><input type="button" value="Save & Complete Program Registration Request"/> <input type="button" value="Delete Changes"/> <input type="button" value="Quit"/></p>																						
<p>* denotes required fields</p>																						
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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