



**Employee Benefits Security**

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## Apprenticeship and Training Plan Notice Online Filing System

All fields required except as indicated by an asterisk (\*).

OMB Control Number 1210-0153 (expires 12/31/2017)

Check if this is an amended filing

### Plan Information

Plan Name

Plan Sponsor's EIN

### Plan Administrator Information

Name

Address

City

State

Zip Code

Email

\* Telephone

### Contact Information

Name and location of an office or person from whom an interested individual can obtain:

- A description of any existing or anticipated future course of study sponsored or established by the plan, including any prerequisites for course enrollment and a description of the procedure for course enrollment.

Name/Office

Address

City

State

Zip Code

\* Email

\* Telephone

### Additional Information

(optional, up to 5000 characters)

5000 characters remaining

When you have completed the required information above click Review.

Review

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