



Employee Benefits Security Administration

Apprenticeship and Training Plan Notice Online Filing System

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

OMB Control Number 1210-0153 (expires 2/28/2021)

Amended Filing Information

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

Text area for additional information

When you have completed the required information above click Review.

Review Reset Return to Instructions



WORKERS & FAMILIES

- First Job
Changing Jobs & Job Loss
Marriage/Domestic Partnership
Childbirth & Adoption
Loss of Dependent Coverage
Separation & Divorce
Death of a Family Member
Preparing for Retirement
Disaster Relief
Additional Protections

EMPLOYERS & ADVISERS

- Guidance
Plan Administration & Compliance
Small Business

RESEARCHERS

- Data
Statistics
Analysis
Other Collaboration

KEY TOPICS

- Health & Other Employee Benefits
Reporting & Filing
Retirement

LAWS & REGULATIONS

- Laws
Rules & Regulations

ABOUT THE SITE

- Freedom of Information Act
Privacy & Security Statement
Disclaimers
Important Web Site Notices
Plug-ins Used by DOL
RSS Feeds from DOL
Accessibility Statement