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TRAINING APPLICATION

Division of International Technical Cooperation, U.S. Bureau of Labor Statistics

7	E-mail: ITCinfo@bls.gov							http://www.bls.gov/ITC				
APPLICANT INFORMATION												
SURNAME GIVEN NA						ME				DATE		
	SEX	DATE OF BIRTH			JOB TITLE							
Ma		Month	Da	y '	Year							
DESCRIPTION OF JOB DUTIES												
EMPLOYER												
MAILING ADDRESS (Street or P.O. Box)												
CITY						COUNTRY						
TELEPHONE E-MAIL												
EDUCATION (Highest Degree) FIELD OF STUDY												
Pr	Proficient in Reading English? Proficient in					eaking English? Proficient in Writing English?						
Y	es No		Yes				No Yes			No No		
				COU	JRSES	REQU	JESTED					
							Economic Indicators (\$)					
	Constructing Consumer Price Indexes (\$)						Labor Market Information: Business Establishment Surveys (\$)					
	Measuring Productivity (\$)						Labor Market Information: Household Labor Force Surveys (\$)					
	Other (\$)											
ACCOMMODATIONS												
	Please provide me with information about hotel accommodations.											
	I will arrange my own accommodations.											
FINANCIAL SPONSOR INFORMATION												
<u> </u>	I have not yet started to seek financial sponsorship.											
	Financial sponsorship has been requested from the following organization:											
	Financial sponsorship has been granted by:											
NOTE: Sponsor must complete the BLS Training Payment Agreement.												
This collection	on of information is authorized by Title 20 of	the United State	oc Codo Drovie	ding the infe	ormation on	thic form i	c voluntary. The ir	formation you provide	do will be use	d to register you for training and for other		

This collection of information is authorized by Title 29 of the United States Code. Providing the information on this form is voluntary. The information you provide will be used to register you for training and for other administrative purposes. We estimate that it will take an average of 20 minutes to complete this form. If you have any comments regarding this estimate or any other aspect of the form, including suggestions for reducing the time needed to respond, send them to the Bureau of Labor Statistics, Division of International Technical Cooperation by emailing ITCinfo@bls.gov or calling (202) 691-5666. You are not required to respond to the collection of information unless it displays a currently valid OMB control number.