Is this a Self Nomination:

O Yes

Apply for 2023-2025 Membership Meetings (2021-2023 Term)

Nominee First Name:	Nominee Last Name:	
Title:		
Organization:		
City:	State:	
	- Select -	٥
Email Address:	Telephone Number:	
LinkedIn Profile: (optional)		
Former Apprentice:		
- Select -		٥
Primary Membership Category:		
- Select -		0
Primary Affiliation Type:		
- Select - Other (Please Specify):		0
Other (Please Specify):		
250 character(s) remaining		
Secondary Membership Category: (O	ptional)	
- Select -		٥
Secondary Affiliation Type:		
- Select -		٥
Other (Please Specify):		
250 character(s) remaining		
Industry: (optional)		
- Select -		0
Other (Please Specify):		
outer (crease opening)		
250 character(s) remaining		
Supporting Documents: (IMB limit, Al	lowed File Type PDF)	
Cover Letter:	Resume:	
Choose File No file chosen	Choose File No file chosen	
Letter of Support: (optional)		
Choose File No file chosen		
Add another Letter of Support?		
Add another Letter of Support?		
Additional Information: (optional)		

## **Public Burden Statement**

Data Collection Instrument Disclosure with Record Retention Periods:

SUBMIT

Public reporting burden for this Advisory Committee on Apprenticeship (ACA) Membership Solicitation form is estimated to average S-10 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. This collection of information voluntary and will be retained in the Office of Apprenticeship Salesforce database for 720 days. You are not required to respond to this collection of information unless it displays a valid OMB control number. Please send comments regarding the burden estimate or any other aspect of this collection of information to the U.S. Department of Labor. Employment and Training Administration, Office of Apprenticeship, 200 Constitution Avenue, NW, Room CS33), Washington, D.C. 20210 Nalling Address or advisors/committeesonapyemicleship@daloga.org and reference OMB control number IZ-2009. NOTE: Please do not send your completed Advisory Committee on Apprenticeship (ACA) Membership Solicitation form to this address.



200 Constitution Ave NW Washington, DC 20210 Contact Us

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