

**Request for Approval under the “Generic ICR Name”  
(OMB Control Number: 1225-0059)**

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**TITLE OF INFORMATION COLLECTION:** Apprenticeship Ambassador Application

**PURPOSE:**

The Apprenticeship Ambassador Initiative is a campaign that creates a network of employers, labor organizations, industry associations, program sponsors, educators, workforce intermediaries, minority-serving organizations, community-based organizations, and other stakeholders to serve as champions for their industry or area of expertise to promote, expand, and diversify Registered Apprenticeship. Apprenticeship Ambassadors hold the position for 2 years and provide an annual commitment to undertake activities of their choice to expand Registered Apprenticeship including but not limited to starting new Registered Apprenticeship programs in high demand industries, conducting outreach efforts aimed at increasing opportunities for underrepresented populations, or hosting events to share information on how to effectively implement Registered Apprenticeship programs.

This form was approved on 10/13/2021 under OMB Control Number 1225-0059 with an expiration date of 02/29/2024. Given that this package expires at the end of February 2024, the Office of Apprenticeship is re-submitting this form for approval under an updated PRA package.

The **Apprenticeship Ambassador Application Form** link gives apprenticeship stakeholders (employers, labor organizations, industry associations, sponsors, educators, workforce intermediaries, minority-serving organizations, etc.) an opportunity to apply to become an Apprenticeship Ambassador. The form asks for the applicant’s: 1) contact information; 2) Registered Apprenticeship program experience; 3) commitment to undertake optional activities to promote, expand, and diversify Registered Apprenticeship over the upcoming year; and 4) willingness to allow DOL to display applicant’s organizational information on DOL websites and promotional materials. It is also an opportunity for DOL to track the annual commitments and engagement activities of the Apprenticeship Ambassadors in promoting, expanding, and diversifying Registered Apprenticeship.

Note that the information provided on this form is intended for public use, so there is no need or expectation for confidentiality.

**DESCRIPTION OF RESPONDENTS:** Respondents are organizations with experience in Registered Apprenticeship (employers, labor organizations, industry associations, education organizations, workforce professionals, community-based organizations) who are interested in serving as an Apprenticeship Ambassador.

**TYPE OF COLLECTION:** (Check one)

- |                                                                        |                                                                                               |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Customer Comment Card/Complaint Form          | <input type="checkbox"/> Customer Satisfaction Survey                                         |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group                                               |
| <input type="checkbox"/> Focus Group                                   | <input checked="" type="checkbox"/> Other: <u>Application to be Apprenticeship Ambassador</u> |

**CERTIFICATION:**

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

Name: Wendy Slee, Program Analyst

To assist review, please provide answers to the following question:

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected?  Yes  No
2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974?  Yes  No
3. If Applicable, has a System or Records Notice been published?  Yes  No

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants?  Yes  No

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time	Burden
Individuals and Households			
Private Sector	300	6 minutes each	30 hours
State, Local, or Tribal Governments	100	6 minutes each	10 hours
Federal Government	50	6 minutes each	5 hours
<b>Totals</b>			<b>45 hours</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$0

**If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:**

N/A – Respondents will self-select by accessing the website application.

**The selection of your targeted respondents**

1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?  
[ ] Yes [X] No

If the answer is yes, please provide a description of both below (or attach the sampling plan)? If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)  
[ X] Web-based or other forms of Social Media  
Percentage of Respondents Reporting Electronically:  
[ ] Telephone  
[ ] In-person  
[ ] Mail  
[ ] Other, Explain
2. Will interviewers or facilitators be used? [ ] Yes [ X] No

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**

**Instructions for completing Request for Approval under a Generic Clearance**

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**TITLE OF INFORMATION COLLECTION:** Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on XXXXX)

**PURPOSE:** Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

**DESCRIPTION OF RESPONDENTS:** Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

**TYPE OF COLLECTION:** Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

**CERTIFICATION:** Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

**Personally Identifiable Information:** Provide answers to the questions.

**Gifts or Payments:** If you answer yes to the question, please describe the incentive and provide a justification for the amount.

**BURDEN HOURS:**

**Category of Respondents:** Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households;(2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected.

**No. of Respondents:** Provide an estimate of the Number of respondents.

**Participation Time:** Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group)

**Burden:** Provide the Annual burden hours.

**FEDERAL COST:** Provide an estimate of the annual cost to the Federal government.

**If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:**

**The selection of your targeted respondents.** Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

**Administration of the Instrument:** Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**