Apprenticeship Information Benefitting Veterans

1. Has your Registered Apprenticeship program been approved for GI Bill benefits so veterans can access their Post 9/11 GI Bill benefits while in your apprenticeship? (Y/N)
   * If Yes, provide your Department of Veterans Affairs facility code.
   * If No, you do not need to complete the rest of the form. Please reach out to your state [apprenticeship representative](https://www.apprenticeship.gov/about-us/state-office) to learn more about how to get approved.
2. Provide the name of the program, registration number and state of registration.
3. Provide your Registered Apprenticeship program point of contact: name, address, phone, email address andwebsite.
4. Provide the occupation(s) included within your program.
5. Provide a brief description of the Registered Apprenticeship program.
6. Does the program charge any unreimbursed costs, fees, and expenses to apprentices? Y/N

If yes state the approximate amount of all such cost, fees and expenses.

1. Is the program endorsed by a veteran service organization or a nonprofit organization that focuses on serving veterans? Y/N
2. Does the program provide or grant preference or priority to veteran applicants? Y/N
3. List any certification(s) or degree(s) an individual earns by completing the program.
4. Are you authorized to submit this information on behalf of your organization? Y/N

If yes, provide your name, email, title, and organization.

By submitting this information, you are agreeing to have the information publicly displayed so veterans and other stakeholders can identify Registered Apprenticeship programs where veterans can access their Post 9/11 GI-Bill Benefits, along with other important information.

**Paperwork Reduction Act Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The OMB control number for this collection is 1225-0059 and expires on February 28, 2027. Public reporting burden for this collection of information is estimated to average 15 minutes per response including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Your response is voluntary. Send comments regarding the burden estimate or any other aspect of this collection of information to [DOL\_PRA\_PUBLIC@dol.gov](mailto:DOL_PRA_PUBLIC@dol.gov) and reference the OMB control number.