

Self Reported Gender	# of Workers
American Indian or Alaska Native Alone	
Asian Alone	
Black or African American Alone	
Hispanic or Latino Alone	
Middle Eastern or North African Alone	
Native Hawaiian or Pacific Islander Alone	
White Alone	
Multiracial and/or Multiethnic	

DO NOT REPORT PERSONAL IDENTIFYING INFORMATION

ation Date = mm/dd/yyyy

by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. OMB Control mandatory [2 CFR Part 200]. An agency may not conduct or sponsor, and a person is says a currently valid OMB control number. The public reporting and recordkeeping per response. Send comments on the Agency's need for this information, the ods for minimizing respondent burden to Director, Information Engagement ylvania Ave., NW; Washington, D.C. 20460. Include the OMB control number in any

Reporting

ION TO EPA.

TO: SOCIAL SECURITY NUMBERS,
(LINK TO A SPECIFIC INDIVIDUAL)

m of subgrants or loans that
of Labor Regulations.

For the reporting period

Work hours	# of Apprentices	Apprentice work hours

For the reporting period

Work hours	# of Apprentices	Apprentice work hours

For the reporting period

Work hours	# of Apprentices	Apprentice work hours

ION TO EPA.

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