Program Registration and Apprenticeship Agreement
Office of Apprenticeship
Program Registration – Section I

U.S. Department of Labor
Employment and Training Administration

OMB No. 1205-0223 Expiration Date: XX/XX/XXXX

NOTE: THIS FORM SHOULD BE COMPLETED BY THE PROGRAM SPONSOR IN CONJUNCTION WITH THE REGISTRATION AGENCY.

A. PROGRAM SPONSOR'S IDENTIFYING INFORMATION

1. Employer Identification Number (Optional)	2. Program Number (When Assigned)

3. Sponsor Name	4. Doing Business As (DBA) (If Applicable)

5. Address

6. City	7. State	8. Zip Code	9. County

10. Is the program sponsor's address provided immediately above different from the program sponsor's principal place of business in the United States (i.e., the location of the program sponsor's headquarters)? (Select One)

☐ **Yes** ☐ **No**

If yes, please provide the address and point of contact information (first name, middle initial, last name, title, telephone number, and e-mail address) at the program sponsor's principal place of business in the United States:

11. Sponsor Type (Select All That Apply)

☐ **Employer** ☐ **Union/Labor** ☐ **Business Association** ☐ **Intermediary** ☐ **Community College/University**

☐ **Community-Based Organization** ☐ **Workforce Development Board** ☐ **Foundation** ☐ **Federal Agency**

☐ **State Agency** ☐ **City/County Agency** ☐ **Other**_____

12. Parent Organization / National Affiliation

B. PROGRAM SPONSOR'S POINT OF CONTACT AND OTHER RELEVANT INFORMATION

1. Last Name, First Name, and Middle Initial

2. Title

3. Is this person the primary point of contact for information about the program? (Select One)

☐ **Yes** ☐ **No**

NOTE: If there are additional program sponsor points of contact, please provide their name and contact information in a separate attachment.

4. Point of Contact's Address (If different from Sponsor's Address in Section A)

5. City	6. State	7. Zip Code	8. County

9. Telephone Number	10. Extension (Optional)	11. Cell Phone Number (Optional)	12. E-Mail Address

13. Is the program sponsor different from the employer that employs apprentices? (Select One)

☐ **Yes** ☐ **No**

If yes, please provide the employer name and the employer's primary point of contact information (first name, middle initial, last name, title, address, telephone number, cell phone number (optional), and e-mail address) below. (Note: If there are multiple employers, please provide their names and their primary point of contact information in a separate attachment.)

14. Does this program employ apprentices in more than one U.S. state and/or territory? (Select One)

☐ **Yes** ☐ **No**

If yes, please list below each U.S. state and/or territory where the sponsor's apprenticeship program employs apprentices:

15. Is the program sponsor willing to be placed on the statewide Eligible Training Provider (ETP) List? (Select One)

☐ **Yes** ☐ **No**

C. ADDITIONAL PROGRAM CLASSIFICATION INFORMATION (INCLUDING SPONSOR'S POINT OF CONTACT FOR COMPLAINTS)

1. Program Type (Select All That Apply)

☐ **Single Employer**

☐ **Multi-Employer**

☐ **National Program Standards**

☐ **Local Apprenticeship Standards**

If you selected local apprenticeship standards, are these standards based on National Guidelines for Apprenticeship Standards?

☐ **Yes** ☐ **No**

If yes, please provide the National Guidelines for Apprenticeship Standards program name and certification number:

2. Does this program have a Collective Bargaining Agreement? (Select One)

☐ **Yes** ☐ **No**

If yes, please provide Bargaining Agency Name and then proceed to question #3 immediately below:

If no, please skip question #3 immediately below and proceed to question #4.

3. Does the union waive any privileges under this program (specifically, in instances where: (1) a program is registered by an employer or employers' association, (2) a collective bargaining agreement exists, and (3) the union elects not to participate in the operation of substantive matters of the apprenticeship program)? (Select One)

☐ **Yes** ☐ **No**

4. Size of Workforce (includes all employees)	**5. Employer NAICS Code**

6. Does this program have an Inmate Program? (Select One)

☐ **Yes** ☐ **No**

7. Does this program have an articulated process for awarding credit for previous experience? (Select One)

☐ **Yes** ☐ **No**

If yes, please specify below:

8. Name and Contact Information (first name, middle initial, last name, title, address, telephone number, cell phone number (optional), and e-mail address) of the Individual Designated by the Program Sponsor to Receive Complaints

9. Program Registration Date (MO/DD/YYYY) (Provided Upon Completion of Registration)

D. OCCUPATION INFORMATION, RELEVANT WAGE INFORMATION, AND MINIMUM QUALIFICATION REQUIREMENTS

1. Occupation Type (Select One) ☐ **Time-based** ☐ **Competency-based** ☐ **Hybrid**	**2. Occupation Title (Note: If there are additional occupation titles, please provide the information associated with each occupation (see fields D1 – D21) in a separate attachment)**
3. RAPIDS Code	**4. O*NET Code**

5. Sponsor Occupation Title (If different from the Occupation Title)

6. Does this occupation have interim credentials (career lattice occupation)?

☐ **Yes** ☐ **No**

7. Term Length (Duration of Apprenticeship)	**8. Probationary Period**

9. Minimum Requirements for Entry into the Program (If Applicable)

a. Minimum Age:

b. Education:

c. Physical:

d. Aptitude Tests:

e. Other:

10. Is there a Written School-To-Apprenticeship Agreement (STA)? (Select One)

☐ **Yes** ☐ **No**

11. Is there an established on-the-job learning/training plan (e.g., work process schedule)? (Select One)

☐ **Yes** ☐ **No**

If yes, please provide the plan in a separate attachment.

If no, please work with the Registration Agency to develop a plan.

12. What is the Apprentice to Journeyworker (i.e., Experienced Worker) ratio?

_____ **Apprentice(s) to** _____ **Journeyworker(s)**

13. Are Wages Paid During Related Instruction (RI)? (Select One)

☐ **Yes** ☐ **No**

14. Hours When RI Is Provided (Select One)

☐ **During Work Hours** ☐ **Not During Work Hours**

☐ **Both During and Not During Work Hours**

15. Number of Journeyworkers Employed

16. Journeyworker Wage

17. Apprentice Start Wage

18. Apprentice End Wage

19. Wage Units for Journeyworker and Apprentice (Select One)

☐ **Hourly** ☐ **Weekly** ☐ **Monthly**

☐ **Semi-Annually** ☐ **Annually** ☐ **Competencies**

20. Wage Rate (Select One)

☐ **% of Journeyworker wage** ☐ **$ amount of wage** ☐ **Both % and $ amount of wage**

21. Wage Schedule Information

a. Period	b. Duration (If Applicable)	c. Number of Competencies (If Applicable)	d. % of Journeyworker Wage	e. $ Amount of Wage
1.)				
2.)				
3.)				
4.)				
5.)				
6.)				
7.)				
8.)				
9.)				
10.)				

E. RELATED INSTRUCTION (RI) PROVIDER(S) INFORMATION					
1. Name of Primary RI Provider			**13. Name of Secondary RI Provider (If Applicable) (Note: If there are more than two RI providers, please provide their information in a separate attachment)**		
2. Address			**14. Address**		
3. City	**4. State**	**5. Zip Code**	**15. City**	**16. State**	**17. Zip Code**
6. Website (Optional)			**18. Website (Optional)**		
7. Instruction Method (Select All That apply) ☐ **Classroom** ☐ **Correspondence/Shop** ☐ **Web-Based Learning**			**19. Instruction Method (Select All That Apply)** ☐ **Classroom** ☐ **Correspondence/Shop** ☐ **Web-Based Learning**		
8. Provider Type (Select All That Apply) ☐ **Sponsor** ☐ **Community College/Technical School** ☐ **Vocational School** ☐ **Other_____**			**20. Provider Type (Select All That Apply)** ☐ **Sponsor** ☐ **Community College/Technical School** ☐ **Vocational School** ☐ **Other_____**		
9. Total Length of RI			**21. Total Length of RI**		
10. Is there an established RI outline/plan? (Select One) ☐ **Yes** ☐ **No** **If yes, please provide the outline/plan in a separate attachment.** **If no, please work with the Registration Agency to develop an outline/plan.**			**22. Is there an established RI outline/plan? (Select One)** ☐ **Yes** ☐ **No** **If yes, please provide the outline/plan in a separate attachment.** **If no, please work with the Registration Agency to develop an outline/plan.**		
11. Contact Person (First Name and Last Name Required)			**23. Contact Person (First Name and Last Name Required)**		
12. Telephone Number and Email Address			**24. Telephone Number and Email Address**		

F. PROGRAM SPONSOR'S WRITTEN ASSURANCES WITH RESPECT TO VETERANS' EDUCATIONAL ASSISTANCE AS MANDATED BY PUBLIC LAW 116-134 (134 STAT. 276)

Pursuant to section 2(b)(1) of the Support for Veterans in Effective Apprenticeships Act of 2019 (Pub. L. 116-134, 134 Stat. 276), by signing below the program sponsor official whose name and initials are subscribed below assures and acknowledges to the U.S. Department of Labor's Office of Apprenticeship the following regarding certain G.I. Bill and other VA-administered educational assistance referenced below (and described in greater detail at the VA's website at: https:// www.va.gov/education/eligibility) for which current apprentices and/or apprenticeship program candidates may be eligible:

(1) The program sponsor is aware of the availability of educational assistance for a veteran or other eligible individual under chapters 30 through 36 of title 38, United States Code, for use in connection with a registered apprenticeship program (**Initials of program sponsor official**: _____);
(2) The program sponsor will make a good faith effort to obtain approval for educational assistance described in paragraph (1) above for, at a minimum, each program location that employs or recruits an veteran or other eligible individual for educational assistance under chapters 30 through 36 of title 38, United States Code (**Initials of program sponsor official**: _____); and
(3) The program sponsor will not deny the application of a qualified candidate who is a veteran or other individual eligible for educational assistance described in paragraph (1) above for the purpose of avoiding making a good faith effort to obtain approval as described in paragraph (2) above (**Initials of program sponsor official**: _____).

Attestation: I declare under penalty of perjury that I have read and reviewed the contents of this apprenticeship program registration document, including the foregoing assurances required of program sponsors under Pub. L. 116-134, and that to the best of my knowledge, the information contained therein is true and accurate.

Name of Program Sponsor Official (Last, First, Middle Initial):

_____

Title of Official:

Signature of Official:

Date of Signature:

_____

Section A: Program Sponsor's Identifying Information

A1. An **Employer Identification Number (EIN)** is an Internal Revenue Service Federal Tax Identification Number that is used to identify a business entity. The submission of the EIN is voluntary. The employer who enters this number is verifying that the business is legitimate with intentions of maintaining a registered apprenticeship program and training apprentices. This quality assurance check protects the welfare of the apprentice.

A2. A **Program Number** is a generated number assigned to a program sponsor when a program is registered in the Office of Apprenticeship's Registered Apprenticeship Partners Information Data System (RAPIDS).

A3. A **Sponsor Name** is any person, association, committee, or organization operating an apprenticeship program and in whose name the program is (or is to be) registered or approved.

A12. A **Parent Organization / National Affiliation** refers to the employer, labor union, or association which may be a party to the program sponsor's standards of apprenticeship.

Section B: Program Sponsor's Point of Contact and Other Relevant Information

B13. An **Employer** is any person or organization employing an apprentice whether or not such person or organization is a party to an Apprenticeship Agreement with the apprentice.

B15. Each state has an **Eligible Training Provider (ETP) List** that is comprised of entities with a demonstrated capability of training individuals to enter quality employment. In accordance with the Workforce Innovation and Opportunity Act, participants in need of training services to enhance their job readiness or career pathway may access career training through this list of state-approved training providers and their state-approved training programs.

Section C: Additional Program Classification Information (Including Sponsor's Point of Contact for Complaints)

C1. A **Program Type** includes the following:

- **National Program Standards (NPS)** are apprenticeship programs that are generally appropriate for large national employers that wish to implement the same apprenticeship program across the country in multiple jurisdictions. NPS is a registered apprenticeship business model which affords a program sponsor a uniformed approach for training nationally with a single point of registration.
- **Local Apprenticeship Standards** are apprenticeship programs that are appropriate for registration in a specific jurisdiction.
- **National Guidelines for Apprenticeship Standards (NGS)** are suitable for organizations that seek to provide some level of consistency in standards across their affiliates, but wish to allow for some ability to customize programs at the local level. While NGS are approved and certified by the Office of Apprenticeship at a national level, programs are registered by local jurisdictions.

C4. The **Size of Workforce** equates to the number of employees (e.g., support staff, professional staff, management, etc.) associated with the program's employer(s).

C5. An **Employer North American Industrial Classification System (NAICS) Code** is the standard used by Federal statistical agencies in classifying business establishments for the purpose of collecting, analyzing, and publishing statistical data related to the U.S. business economy. For more information on NAICS, please go to the following website: https://www.census.gov/eos/www/naics/.

C6. An **Inmate Program** refers to a program established under an agreement between a sponsor and a prison system for training inmates. Please note that these programs are not subject to Federal or state minimum wage requirements.

C8. **Complaints**: Identifies the individual or entity responsible for receiving complaints (29 CFR 29.7(k)).

C9. A **Program Registration Date** is the date the program was officially registered.

Section D: Occupation Information, Relevant Wage Information, and Minimum Qualification Requirements

D1. **Occupation Type** refers to the following three training approaches listed below.

- A **Time-based Approach** measures skill acquisition through the individual apprentice's completion of at least 2,000 hours of on-the-job learning as described in a work process schedule.
- A **Competency-based Approach** measures skill acquisition through the individual apprentice's successful demonstration of acquired skills and knowledge, as verified by the program sponsor. Programs utilizing this approach must still require apprentices to complete an on-the-job learning component of Registered Apprenticeship. The program standards must address how on-the-job learning will be integrated into the program, describe competencies, and identify an appropriate means of testing and evaluation for such competencies. An apprentice must be registered in an approved competency-based occupation for 12 calendar months of on-the-job-learning.
- A **Hybrid Approach** measures the individual apprentice's skill acquisition through a combination of specified minimum number of hours of on-the-job learning and the successful demonstration of competency as described in a work process schedule.

D2. An **Occupation Title** is the specific title of an occupation that a sponsor designates using the apprenticeable occupation list.

D3. A **RAPIDS Code** is the numeric code of the occupation in the apprenticeable occupation list.

D4. An **Occupational Information Network (O*NET) Code** is an 8-digit code in the O*NET data system (https://www.onetonline.org/).

D5. A **Sponsor Occupational Title** is a specific title of an occupation that may or may not be the same as the O*NET occupational title.

D6. **Interim Credentials** (Certificate of Training) applies to career lattice occupations. These credentials are issued by the Registration Agency upon request by the program sponsor. Interim credentials provide certification of competency attainment by an apprentice, but does not necessarily indicate completion of the program.

D7. A **Term Length** of the occupation is based on the program sponsor's training approach as approved by the Registration Agency.

D8. A **Probationary Period** is the number of hours or weeks of on-the-job learning during the apprentice's probationary period. A probationary period cannot exceed 25 percent of the term length of the occupation or one year, whichever is shorter.

D10. A **Written School-to-Apprenticeship (STA) Agreement** is based on when a sponsor has an agreement that would be signed by the high-school student, employer, and parent or guardian, if applicable. The agreement may include a supplemental articulation agreement outlining the duties and responsibilities of all parties.

D15. The **Number of Journeyworkers Employed** represents the total number of journeyworkers in an occupation.

D21. The **Wage Schedule Information** requires a progressively increasing schedule of wages during the apprentice's apprenticeship based on the acquisition of increased skill and competence on the job and in related instruction. Multiple wage schedules may apply to a program that has the same occupation in different geographic localities.

Section E: Related Instruction (RI) Provider(s) Information

E1-24. The **Related Instruction (RI) Provider(s) Information** section requires the sponsor to enter information on the RI provider in E1–12 and in E13–24, if there is an additional RI provider.

E9 & E21. The **Total Length of RI** is the duration spent in related instruction in technical subjects related to the occupation, which is recommended to be not less than 144 hours per year.

Public Burden Statement --Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average five minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond is required to obtain or retain benefits under 29 U.S.C. 50. Send comments regarding this burden or any other aspect of this collection of information including suggestions for reducing this burden to the U.S. Department of Labor, Employment and Training Administration, Office of Apprenticeship, 200 Constitution Avenue, N.W., Room C-5321, Washington, D.C. 20210 (OMB Control Number 1205-0223).