



STATE OF NEVADA
Office of the Labor Commissioner
Nevada State Apprenticeship Council

APPLICATION FOR APPROVAL
ON THE JOB TRAINING & APPRENTICESHIP

Program Name _____ Program # _____

Address _____ City _____ State/Zip _____ Telephone _____

Contact Person _____ Title _____ Type of Program: _____ Sic Code _____

EIN # _____ Email Address: _____

Type of Action: (Check One) A. <input type="checkbox"/> Wage Increase B. <input type="checkbox"/> Revision of Standards C. <input type="checkbox"/> New Occupation D. <input type="checkbox"/> New Program	Type of Program: (Check One) A. <input type="checkbox"/> Individual Union B. <input type="checkbox"/> Individual Non Union C. <input type="checkbox"/> Group Union D. <input type="checkbox"/> Group Non Union E. <input type="checkbox"/> If Union Bargaining Unit	Journey Workers (JW) A. No. JW B. No. of Employers	Pay Period (Circle One) <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi Monthly Pay Increases (Months) 3 <input type="checkbox"/> 6 <input type="checkbox"/> 12 <input type="checkbox"/> Other <input type="checkbox"/>
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TRADE INFORMATION

Occupation (use separate form for each occupation)	Term (OJT hours)	RTI (Classroom hours)	# Of Journey workers	# Of Apprentices in Training	Journey worker Hourly Rate	Days per Week

HOURLY APPRENTICE WAGES BY PERIOD (Excluding Benefits) Top Line Dollar Amounts Bottom Line Percentages

Occupation	1 ST	2 ND	3 RD	4 TH	5 TH	6 TH	7 TH	8 TH	9 TH	10 TH
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
	%	%	%	%	%	%	%	%	%	%
Fringe Benefits (\$ or %)										

Instructor	Occupation	Experience (Years)

Date

Signature of Program Coordinator

DO NOT WRITE BELOW THIS LINE

Approved: _____

Disapproved: _____

Secretary Director of Apprenticeship

Date