OFFICE OF THE LABOR COMMISSIONER
Nevada State Apprenticeship Council
5910 Form

Program Name Southern Nevada Laborers Training Trust RAPIDS Program # N.V. 00195001

Address 1750 E. Sahara Avenue City Las Vegas State/Zip Nevada Telephone (702) 452-9410

Contact Person Archie Walden Title Training Director Email Address archiew@training872.com

Type of Program ☒ Time-based ☐ Competency-based ☐ Hybrid EIN # 88-027688 NAICS Code

Type of Action: (Check One)	Type of Program: (Check One)	Journey Workers (JW)	Pay Period (Check One)
A. ☐ Wage Increase B. ☐ Revision of Standards C. ☒ New Occupation D. ☐ New Program	A. ☒ Individual Union B. ☐ Individual Non-Union C. ☐ Group Union D. ☐ Group Non-Union	A. No. of Females 261 B. No. of Minorities 2799 C. No. JW 3375 D. No. of Employers 160	☒ Weekly ☐ Bi-Weekly ☐ Semi Monthly Pay Increases (Months) 3 ☐ 6 ☐ 12 ☐ Other ☐

TRADE INFORMATION

Occupation Name and O*NET CODE (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
SOLAR INSTALLER	4000	320	3375	0	$32.48	5

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

Occupation Name and O*NET CODE	1ST	2ND	3RD	4TH	5TH	6TH	7TH	8TH	9TH	10TH
SOLAR INSTALLER	$16.24	$19.49	$22.74	$25.98	$29.23	$	$	$	$	$
O*NET-SOC Code 47-2231.00	50 %	60 %	70 %	80 %	90 %	%	%	%	%	%
Fringe Benefits ($ or %)	$21.49	$23.38	$25.28	$27.17	$29.07	$	$	$	$	$

The Sponsor / Program Coordinator certifies and assures that it will utilize qualified training personnel in the delivery of the related instruction, such as subject matter experts (e.g., journeyworkers) who are recognized within an industry as having expertise in a specific occupation, and who also have training in teaching techniques and adult learning styles, which may occur before or after the apprenticeship instructor has started to provide the related technical instruction. Further, the Sponsor / Program Coordinator certifies the information above is true and correct.

Date

Signature of Sponsor / Program Coordinator

DO NOT WRITE BELOW THIS LINE

Received By:

State Apprenticeship Director Date