



**OFFICE OF THE LABOR COMMISSIONER
Nevada State Apprenticeship Council
5910 Form**

Program Name Heavy Equipment Technician RAPIDS Program # _____
 Address 3223 Mill St. City Reno State/Zip 89502 Telephone (775) 525-4572
 Contact Person Kalynn Ramsey Title Apprentice Program Manager Email Address kalynn.ramsey@equipmentshare.com
 Type of Program Time-based Competency-based Hybrid EIN # _____ NAICS Code _____

Type of Action: (Check One) A. Wage Increase B. Revision of Standards C. New Occupation D. New Program	Type of Program: (Check One) A. Individual Union B. Individual Non-Union C. Group Union D. Group Non-Union	Journey Workers (JW) A. No. of Females ____ B. No. of Minorities ____ C. No. JW ____ D. No. of Employers ____	Pay Period (Check One) Weekly Bi-Weekly Semi Monthly Pay Increases (Months) 3 6 12 Other
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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
49-3042.00	8,000-10,000	225	1	1	25	5

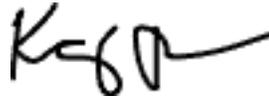
HOURLY APPRENTICE WAGES BY PERIOD (Excluding Benefits) Top Line Dollar Amounts, Bottom Line Percentages

Occupation Name and O*NET CODE	1 ST	2 ND	3 RD	4 TH	5 TH	6 TH	7 TH	8 TH	9 TH	10 TH
Heavy Equipment Tech 49-3042.00	\$17.00	\$17.25	\$17.50	\$18.00	\$18.50	\$19.00	\$19.50	\$20	\$20.50	\$21
	%	%	%	%	%	%	%	%	%	%
Fringe Benefits (\$ or %)										

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., journeymen) 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.

7/18/24

Date

A handwritten signature in black ink, appearing to be 'K. G. O.', written above a horizontal line.

Signature of Sponsor / Program Coordinator

DO NOT WRITE BELOW THIS LINE

Received By:

State Apprenticeship Director

Date