



OFFICE OF THE LABOR COMMISSIONER
Nevada State Apprenticeship Council
5910 Form

Program Name TRAINING + DEVELOPMENT SPECIALIST RAPIDS Program # 2042
 Address 10409 PACIFIC PALISADES AVENUE City LV State/Zip NV 89144 Telephone 702-213-5703
 Contact Person JACQUELINE GRANT Title FOUNDER/CEO Email Address jgrant@trainthetradesnow.com
 Type of Program Time-based Competency-based Hybrid EIN # 88-3282695 NAICS Code 611430 + 541611

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 checked="" type="checkbox"/> New Program	Type of Program: (Check One) A. <input type="checkbox"/> Individual Union B. <input checked="" type="checkbox"/> Individual Non-Union C. <input type="checkbox"/> Group Union D. <input type="checkbox"/> Group Non-Union	Journey Workers (JW) A. No. of Females _____ B. No. of Minorities _____ C. No. JW <u>3</u> D. No. of Employers <u>1</u>	Pay Period (Check One) <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input checked="" type="checkbox"/> Semi Monthly Pay Increases (Months) 3 <input checked="" type="checkbox"/> 6 <input type="checkbox"/> 12 <input type="checkbox"/> Other <input type="checkbox"/>
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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
<u>TRAINING + DEVELOPMENT SPECIALIST 13-1151.00</u>	<u>2000</u>	<u>144</u>	<u>3</u>	<u>0</u>	<u>\$55.00</u>	<u>5</u>

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
<u>TRAINING + DEVELOPMENT SPECIALIST 13-1151.00</u>	<u>\$ 15</u>	<u>\$ 16.50</u>	<u>\$ 18.70</u>	<u>\$ 22</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>
	<u>68%</u>	<u>75%</u>	<u>85%</u>	<u>100%</u>	<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>
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.

7/2/24
Date

[Signature]
Signature of Sponsor / Program Coordinator

DO NOT WRITE BELOW THIS LINE

Received By: _____ State Apprenticeship Director _____ Date _____



OFFICE OF THE LABOR COMMISSIONER
Nevada State Apprenticeship Council
5910 Form

Program Name MARKET RESEARCH ANALYST + MARKETING SPECIALIST RAPIDS Program # 3026
 Address 10409 PACIFIC PACIFADOS AVE City LV State/Zip NV 89144 Telephone 702-213-5103
 Contact Person JACQUELINE GRANT Title FOUNDER/CEO Email Address jgrant@trainthetradesnow.com
 Type of Program Time-based Competency-based Hybrid EIN # 88-3282695 NAICS Code 611430 + 541641

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 checked="" type="checkbox"/> New Program	Type of Program: (Check One) A. <input type="checkbox"/> Individual Union B. <input checked="" type="checkbox"/> Individual Non-Union C. <input type="checkbox"/> Group Union D. <input type="checkbox"/> Group Non-Union	Journey Workers (JW) A. No. of Females _____ B. No. of Minorities _____ C. No. JW <u>3</u> D. No. of Employers <u>1</u>	Pay Period (Check One) <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input checked="" type="checkbox"/> Semi Monthly Pay Increases (Months) 3 <input checked="" type="checkbox"/> 6 <input type="checkbox"/> 12 <input type="checkbox"/> Other <input type="checkbox"/>
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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
<u>MARKET RESEARCH ANALYST + MARKETING SPECIALIST</u> <u>13-1161-00</u>	<u>2000</u>	<u>144</u>	<u>3</u>	<u>0</u>	<u>\$70.00</u>	<u>5</u>

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
<u>MARKETING RESEARCH ANALYST + MARKETING SPECIALIST</u> <u>13-1161-00</u>	<u>\$14</u>	<u>\$21.75</u>	<u>\$24.65</u>	<u>\$29</u>	\$	\$	\$	\$	\$	\$
Fringe Benefits (\$ or %)	<u>48%</u>	<u>75%</u>	<u>85%</u>	<u>100%</u>	%	%	%	%	%	%

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.

7/2/24
Date

Signature of Sponsor / Program Coordinator

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Received By: _____

State Apprenticeship Director

Date