

**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: 07/31/2027

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) <input type="checkbox"/> Yes <input type="checkbox"/> 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) <input type="checkbox"/> Employer <input type="checkbox"/> Union/Labor <input type="checkbox"/> Business Association <input type="checkbox"/> Intermediary <input type="checkbox"/> Community College/University <input type="checkbox"/> Community-Based Organization <input type="checkbox"/> Workforce Development Board <input type="checkbox"/> Foundation <input type="checkbox"/> Federal Agency <input type="checkbox"/> State Agency <input type="checkbox"/> City/County Agency <input type="checkbox"/> 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) <input type="checkbox"/> Yes <input type="checkbox"/> 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

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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) <input type="checkbox"/> Yes <input type="checkbox"/> 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) <input type="checkbox"/> Yes <input type="checkbox"/> 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) <input type="checkbox"/> Yes <input type="checkbox"/> 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.

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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, <u>and</u> (3) the union elects not to participate in the operation of substantive matters of the apprenticeship program)? (Select One)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Size of Workforce (includes all employees)	5. Employer NAICS Code
6. Does this program have an Inmate Program? (Select One)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Does this program require specialized documentation to verify credit for previous experience? (Select One)	
<input type="checkbox"/> Yes <input type="checkbox"/> 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)	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)
<input type="checkbox"/> Time-based	
<input type="checkbox"/> Competency-based	
<input type="checkbox"/> Hybrid	
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)?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Term Length (Duration of Apprenticeship)	8. Probationary Period
9. Minimum Requirements for Entry into the Program (If Applicable)	
a. Minimum Age:	

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b. Education: c. Physical: d. Aptitude Tests: e. Other:				
10. Is there a Written School-To-Apprenticeship Agreement (STA)? (Select One) <input type="checkbox"/> Yes <input type="checkbox"/> No				
11. Is there an established on-the-job learning/training plan (e.g., work process schedule)? (Select One) <input type="checkbox"/> Yes <input type="checkbox"/> 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) <input type="checkbox"/> Yes <input type="checkbox"/> No			14. Hours When RI Is Provided (Select One) <input type="checkbox"/> During Work Hours <input type="checkbox"/> Not During Work Hours <input type="checkbox"/> Both During and Not During Work Hours	
15. Number of Journeyworkers Employed				
16. Journeyworker Wage			19. Wage Units for Journeyworker and Apprentice (Select One) <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually <input type="checkbox"/> Competencies	
17. Apprentice Start Wage				
18. Apprentice End Wage				
20. Wage Rate (Select One) <input type="checkbox"/> % of Journeyworker wage <input type="checkbox"/> \$ amount of wage <input type="checkbox"/> 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.)				

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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) <input type="checkbox"/> Classroom <input type="checkbox"/> Correspondence/Shop <input type="checkbox"/> Web-Based Learning			19. Instruction Method (Select All That Apply) <input type="checkbox"/> Classroom <input type="checkbox"/> Correspondence/Shop <input type="checkbox"/> Web-Based Learning		
8. Provider Type (Select All That Apply) <input type="checkbox"/> Sponsor <input type="checkbox"/> Community College/Technical School <input type="checkbox"/> Vocational School <input type="checkbox"/> Other _____			20. Provider Type (Select All That Apply) <input type="checkbox"/> Sponsor <input type="checkbox"/> Community College/Technical School <input type="checkbox"/> Vocational School <input type="checkbox"/> Other _____		
9. Total Length of RI			21. Total Length of RI		
10. Is there an established RI outline/plan? (Select One) <input type="checkbox"/> Yes <input type="checkbox"/> 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) <input type="checkbox"/> Yes <input type="checkbox"/> 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		

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F. SELECTION PROCEDURES

Does this program have an established Selection Procedure? (Select One)

☐ Yes ☐ No

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

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

**G. 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](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:

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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.

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- 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 Occupation 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.

Section F: Selection Procedures

A **Selection Procedure** is any measure, combination of measures, or procedure used as a basis for any decision in apprenticeship. Selection procedures include the full range of assessment techniques from traditional paper and pencil tests, performance tests, training programs, or probationary periods and physical, educational, and work experience requirements through informal or casual interviews and unscored application forms.

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 forty-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).



PART A: APPRENTICE'S INFORMATION

1. First Name		Last Name		Answer Both 4a. and 4b. below 4. a. Ethnicity (Select One) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Participant Did Not Self-Identify b. Race (Select One or More) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Participant Did Not Self-Identify	5. Veteran Status (Select All That Apply)
Middle Name (Optional)		Suffix (Optional)			<input type="checkbox"/> Non Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Non Veteran, Other Eligible Individual <input type="checkbox"/> Veteran, Eligible <input type="checkbox"/> Participant Did Not Self-Identify
Address (No., Street, City, State, Zip Code)					
Telephone Number (Optional)		E-mail Address (Optional)			
*Social Security Number				6. Education Level (Select One)	
-				<input type="checkbox"/> Not High School graduate <input type="checkbox"/> High School graduate (including equivalency) <input type="checkbox"/> Some College or Associate's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate or professional degree	
2. Date of Birth (Mo., Day, Yr.)		3. Sex (Select One)			
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Participant Did Not Self-Identify			
7. Employment Status of Apprentice (Select One)					
<input type="checkbox"/> New Employee <input type="checkbox"/> Current Employee					
8. Did the apprentice complete a pre-apprenticeship program prior to their registration in this apprenticeship program?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					

If yes, please provide the Pre-Apprenticeship Program Name and Address:

PART B: PROGRAM SPONSOR'S INFORMATION

1. Program Number		2. Occupation (The work processes listed in the standards are part of this agreement.)	
Sponsor's Name and Address (No., Street, City, State, Zip Code, County)		a. RAPIDS Code:	
Telephone Number		b. O*NET Code:	
Cell Phone Number (Optional)		c. Interim Credentials Offered (i.e., Career Lattice Occupation)?	
E-mail Address		<input type="checkbox"/> Yes <input type="checkbox"/> No	

a. Sponsor's Principal Place of Business Address (If different from Sponsor's address above) b. Employer's Name and Address (If different from Sponsor's address above)	3. Occupation Type (Select One) a. <input type="checkbox"/> Time-based b. <input type="checkbox"/> Competency-based c. <input type="checkbox"/> Hybrid	4. Term Length (Hrs., Mos., Yrs.)	5. Probationary Period (Hrs. or Wks.)
	6. Credit for Previous On-the-Job Learning Experience (Hrs. Mos., Yrs.): a. Term Remaining (Hrs., Mos., Yrs.)	7. Credit for Previous Related Instruction Experience (Hrs., Mos., Yrs.)	8. Date Apprenticeship Begins a. Expected Completion Date

9. Related Instruction Provider(s) Name and Address	a. Total Length of Related Instruction
b. Are Wages Paid During Related Instruction? <input type="checkbox"/> Yes <input type="checkbox"/> No	c. Hours When Related Instruction Is Provided <input type="checkbox"/> During Work Hours <input type="checkbox"/> Not During Work Hours <input type="checkbox"/> Both During and Not During Work Hours

10. Progressive Wage Schedule:

a. Apprentice's Entry Wage \$_____ b. Journeyworker's (i.e., Experienced Worker's) Wage \$_____

c. Wage Rate Units	Period	1	2	3	4	5	6	7	8	9	10
	Duration (If Applicable)										
	Competencies (If Applicable)										
d. Wage Rate (Select One) <input type="checkbox"/> % of Journeyworker (i.e., Experienced Worker) wage <input type="checkbox"/> \$ amount of wage <input type="checkbox"/> Both % and \$ amount of wage	Wage Rate										

11. Name and Contact Information of the Individual Designated by the Program Sponsor to Receive Complaints

PART C: AGREEMENT AND SIGNATURES

The program sponsor's Apprenticeship Standards, which the sponsor certifies are in conformity with the requirements for program registration contained in 29 Code of Federal Regulations (CFR) part 29, subpart A and 29 CFR part 30, are attached and are hereby incorporated into this agreement. The program sponsor and apprentice hereby agree to the terms of the Apprenticeship Standards that are incorporated as part of this agreement, as those Standards existed on the date of the agreement.

These Apprenticeship Standards may be amended during the period of this agreement with the consent of the parties to the agreement, provided that such amendments are also in conformity with the requirements for program registration contained in 29 CFR part 29, subpart A and 29 CFR part 30.

The apprentice will be accorded equal opportunity in all phases of apprenticeship employment and training by the program sponsor, without discrimination because of race, color, religion, national origin, sex (including pregnancy and gender identity), sexual orientation, age (40 or older), genetic information, or disability.

This agreement may be canceled by either of the parties, citing cause(s), with written notice to the registration agency, in compliance with 29 CFR part 29, subpart A.

During the probationary period described in Part B above, this apprenticeship agreement may be cancelled by either party upon written notice to the registration agency. After the probationary period, this agreement may be cancelled at the request of the apprentice, or suspended or cancelled by the sponsor, for good cause, with due notice to the apprentice and a reasonable opportunity for corrective action, and with written notice to the apprentice and to the Registration Agency of the final action taken.

This apprenticeship agreement does not constitute a certification under 29 CFR part 5 for the employment of the apprentice on Federally financed or assisted construction projects. Current certifications must be obtained from the Office of Apprenticeship (OA) or the recognized State Apprenticeship Agency.

1. Signature of Apprentice	Date	2. Signature of Parent/Guardian (If minor)	Date
3. Signature of Sponsor's Representative(s)	Date	4. Signature of Sponsor's Representative(s)	Date
5. Signature of Employer's Representative(s) (If Applicable)	Date	6. Signature of Employer's Representative(s) (If Applicable)	Date

PART D: TO BE COMPLETED BY REGISTRATION AGENCY

1. Registration Agency and Address	2. Signature (Registration Agency)	3. Date Registered
4. Apprentice Identification Number:		

NOTE: The collection and maintenance of the data on ETA-671, Apprentice Agreement and Registration – Section II Form, is authorized under the National Apprenticeship Act, 29 U.S.C. 50, and 29 CFR part 29, subpart A. The data is used for apprenticeship program statistical purposes and is maintained, pursuant to the Privacy Act of 1974 (5 U.S.C. 552a), in a systems of records entitled, DOL/ETA-31, The Enterprise Business Support System (EBSS) (encompassing RAPIDS), at the U.S. Department of Labor, Office of Apprenticeship. Data may be disclosed to Federal, state, and local agencies and community-based organizations, including State Apprenticeship Agencies, to facilitate statistical research, audit, and evaluation activities necessary to ensure the success, integrity, and improvement of employment and training programs. Data may also be disclosed to these organizations to determine an assessment of skill needs and program information, and in connection with federal litigation or when required by law.

Definitions / Instructions

Part A: Apprentice's Information

Item 4a. Ethnicity

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

Item 4b. Race

American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment. This category includes people who indicate their race as "American Indian or Alaska Native" or report entries such as Navajo, Blackfeet, Inupiat, Yup'ik, or Central American Indian groups or South American Indian groups.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. This includes people who reported detailed Asian responses such as: "Asian Indian," "Chinese," "Filipino," "Korean," "Japanese," "Vietnamese," and "Other Asian" or provide other detailed Asian responses.

Black or African American: A person having origins in any of the Black racial groups of Africa. It includes people who indicate their race as "Black or African American," or report entries such as African American, Kenyan, Nigerian, or Haitian.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. It includes people who reported their race as "Fijian," "Guamanian or Chamorro," "Marshallese," "Native Hawaiian," "Samoan," "Tongan," and "Other Pacific Islander" or provide other detailed Pacific Islander responses.

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their race as "White" or report entries such as Irish, German, Italian, Lebanese, Arab, Moroccan, or Caucasian.

Item 5. Veteran Status

A **Veteran** is a person who has served in the active military, naval, or air service of the United States, and who was discharged or released therefrom under conditions other than dishonorable.

A **Non Veteran, Other Eligible Individual** is a person who is a dependent spouse or child—or the surviving spouse or child—of a Veteran, and who is eligible for certain G.I. Bill and other VA-administered educational assistance benefits provided under Title 38 of the U.S. Code.

A **Veteran, Eligible** is a Veteran who is eligible for certain G.I. Bill and other VA-administered educational assistance benefits provided under Title 38 of the U.S. Code.

Item 8.

Pre-Apprenticeship: A program or set of strategies designed to prepare individuals to enter and succeed in a Registered Apprenticeship program and has a documented partnership with at least one, if not more, Registered Apprenticeship program(s).

Part B: Program Sponsor's Information

Item 1. 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).

Item 1. 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.

Item 1b. 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.

Item 2. An **Occupation** refers to the occupation an apprentice will be trained in, and the occupation will be listed in the sponsor's program standards.

Item 2a. A **RAPIDS Code** is the numeric code of the occupation in the apprenticeable occupation list.

Item 2b. An **Occupational Information Network (O*NET) Code** is an 8-digit code in the O*NET data system (<https://www.onetonline.org/>).

Item 2c. **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.

Item 3. **Occupation Type** refers to the following three training approaches listed below.

Item 3a. 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.

Item 3b. 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.

Item 3c. 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.

Item 4. A **Term Length (Hrs., Mos., Yrs.)** of the occupation is based on the program sponsor's training approach as approved by the Registration Agency.

Item 5. A **Probationary Period (Hrs. or Wks.)** 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.

Item 6. **Credit for Previous On-the-Job Learning Experience (Hrs., Mos., Yrs.)** is granted by the program sponsor based upon documented evidence provided by the apprentice. An apprentice must complete a minimum of six months on-the-job learning regardless of credits for previous experience awarded.

Item 6a. The **Term Remaining (Hrs., Mos., Yrs.)** is the difference between the term length of the on-the-job learning and the credits for previous experience awarded.

- Item 7. Credit for Previous Related Instruction Experience** (Hrs., Mos., Yrs.) is granted by the program sponsor based upon documented evidence provided by the apprentice.
- Item 9a. Total Length of Related Instruction** 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.
- Item 10. Progressive Wage Schedule:**
- Item 10a. Apprentice's Entry Wage** (dollar amount paid): A sponsor enters this apprentice's entry wage.
- Item 10b. Journeyworker's (i.e., Experienced Worker's) Wage:** A sponsor enters the wage per unit (i.e., hourly, weekly, monthly, quarterly, semi-annually, or annually).
- Item 10c. Wage Rate Units:** A sponsor enters the apprentice schedule of pay for each advancement period based on the program sponsor's training approach (i.e., hourly, weekly, monthly, quarterly, semi-annually, annually, or competencies).
- Item 10d. Wage Rate:** Sponsor selects either percent of journeyworker (i.e., experienced worker) wage, dollar amount of wage, or both the percent of journeyworker wage and dollar amount of wage. If the sponsor selects "Both the percent of journeyworker wage and \$ amount of wage," the sponsor can enter a percentage or dollar amount for the wage in each period.
- Item 11. Complaints:** Identifies the individual or entity responsible for receiving complaints (29 CFR 29.7(k)).

Part D: To Be Completed By Registration Agency

- Item 4. Apprentice Identification Number:** RAPIDS encrypts the apprentice's social security number and generates a unique identification number to identify the apprentice. It replaces the social security number to protect the apprentice's privacy.

*The submission of the apprentice's social security number is requested. The apprentice's social security number will be used for program management purposes, such as verification of the apprentice's period of employment and earnings to align with Department of Labor's job training and employment program performance indicators for measuring performance outcomes. The Office of Apprenticeship will use wage records through the State Wage Interchange System needs the apprentice's social security number to match this number against the employers' wage records. Also, the apprentice's social security number will be used, if appropriate, for purposes of the Davis Bacon Act of 1931, as amended, U.S. Code Title 40, Sections 276a to 276a-7, and Title 29 CFR part 5, to verify and certify to the U.S. Department of Labor, Wage and Hour Division, that the apprentice is a registered apprentice to ensure that the employer is complying with the geographic prevailing wage of the occupational classification. Failure to disclose an apprentice's social security number on this form will not affect the right to be registered as an apprentice. Civil and criminal provisions of the Privacy Act apply to any unlawful disclosure of social security numbers, which is prohibited.

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).



Voluntary Disability Disclosure

OMB No. 1205-0223 Expiration Date: 07/31/2027

Please check one of the boxes below:

- ☐ YES, I HAVE A DISABILITY (or previously had a disability)
- ☐ NO, I DON'T HAVE A DISABILITY
- ☐ I DON'T WISH TO ANSWER

Your name: _____

Date: _____

Why are you being asked to complete this form?

Because we are a sponsor of a registered apprenticeship program and participate in the National Registered Apprenticeship System that is regulated by the U.S. Department of Labor, we must reach out to, enroll, and provide equal opportunity in apprenticeship to qualified people with disabilities.^[1] To help us learn how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for apprenticeship, any answer you give will be kept private and will not be used against you in any way.

If you already are an apprentice within our registered apprenticeship program, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our apprentices at the time of enrollment, and then remind them yearly, that they may update their information. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. Disabilities include, but are not limited to: blindness, deafness, cancer, diabetes, epilepsy, autism, cerebral palsy, HIV/AIDS, schizophrenia, muscular dystrophy, bipolar disorder, major depression, multiple sclerosis (MS), missing limbs or partially missing limbs, post-traumatic stress disorder (PTSD), obsessive compulsive disorder, impairments requiring the use of a wheelchair, and intellectual disability (previously called mental retardation).

^[1] Part 30 – Equal Employment Opportunity in Apprenticeship. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Apprenticeship website at <https://www.apprenticeship.gov/eo>.