Office of the Labor Commissioner 1818 College Parkway, Suite 102 Carson City, Nevada 89706 Phone: (775) 684-1890

Fax: (775) 687-6409 E-Mail: <u>AUA@labor.nv.gov</u>

STATE OF NEVADAOffice of the Labor Commissioner

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REQUEST FOR APPRENTICE AVAILABILITY ON A PUBLIC WORK

Senate Bill (SB) 207 - Apprenticeship Utilization Act passed during the 2019 Legislative Session adds a section to NRS section 338. In passing SB 207, The Legislature hereby finds and declares that: (1) A skilled workforce in construction is essential to the economic well-being of the State: (2) Apprenticeship programs are a proven method of training a skilled workforce in construction; and (3) Requiring the use of apprentices on the construction of public works will ensure the availability of a skilled workforce in construction in the future for this State. https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bill/6351/Text

You may use this form to request an Apprentice or determine availability of an Apprentice from a Registered Apprenticeship Program in the applicable craft or trade in the area of the Public Works Project. For information about Registered Apprenticeship Programs in your area and Registered Apprentices, please visit www.labor.nv.gov or the Nevada State Apprenticeship Council at https://labor.nv.gov/Wages/Nevada State Apprenticeship Council/.		
Requests for dispatch must be in writing and submitted (and receive email. Proof of submission (and receipt) will be required. Please re	fer to Chapter 610 of the Nevada Revised Statutes	
the laws and regulations governing Registered Apprenticeship Proj	grams and Registered Apprentices.	
Request Submitted to:	Date Request Subm	nitted:
Name of Registered Apprenticeship Program:		
Contact Person/Title:		
Address:		, NV
Address:Fax No.: (_)Email:	
Craft or Trade:		
Requestor Information:		N
Contractor/Subcontractor:		
Contact Person/Title:		
Address: Fax No.: (
rax No (<u> </u>	
Availability Request Information:		
Number of Apprentice(s) Required: Cr		
Apprentice(s) Report Date:	(5 business days' notic	ce required) Report Time: am
Name of Person to Report to:		
Address to Report to:		,, NV
Project Information:		
Contract Name/Number:	Project Location:	
Awarding Body Name:		
Contact Person/Title:		
Tel No.: ()Fax No.: (_)Email:	
Print Name/Title	*Signature	Date
*By signing this form you certify that the informa	tion you have provided is true and corr	rect to the best of your knowledge.
Request Approved: Reque	st Denied: \square	
Notes:		
	<u></u>	
Print Name/Title	Signature	Date
Date Received:	Date Returned:	
	-	