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

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

STATE OF NEVADA Office of the Labor Commissioner

Office of the Labor Commissioner 3300 W. Sahara Ave., Suite 225 Las Vegas, Nevada 89102 Phone: (702) 486-2650

Fax: (702) 486-2660 E-Mail: AUA@labor.nv.gov

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/.

			: 5 business days in advance (excluding week ter 610 of the Nevada Revised Statutes and N	ends and holidays) via first class mail, fax or Jevada Administrative Code Chapter 610 for
the laws and regulations governing Reg	istered Apprenticeshi	ip Programs and Re	egistered Apprentices.	
Request Submitted to:			Date Request Submitted:	
Name of Registered Appren	ticeship Prograr	m:		_
Contact Person/Title:				
Address:			<u> </u>	, NV
Tel No.: ()	Fax No.: ()	Email:	, NV
Craft or Trade:				
Requestor Information:				
Contractor/Subcontractor:_		License Number:		
Contact Person/Title:				
Address:			,	,
Tel No.: ()	Fax No.: (_)	Email:	
Availability Request Informa	tion:			
<u>. </u>		Craft or Tra	da	
Appropriate (s) Report Date:	quireu	Craft Of Tra	de:	quired) Report Time: :am
Address to Report to				, NV
Project Information:				
Contact Person/Title:				
Tel No.: ()	Fax No.: ()	Email:	
Print Name/Title			*Signature	Date
*By signing this form you ce	rtify that the info	ormation you h	nave provided is true and correct to	the best of your knowledge.
Request Approved: \square	R	equest Denied	d: 🗆	
Notes:				
Print Name/Title			Signature	/ Date
Date Received:			Date Returned:	=