U.S. Department of Labor
Employment and Training Administration
Office of Apprenticeship (Region 5)

Registered Apprenticeship Program - Pre-Registration Form

A. PROGRAM SPONSOR INFORMATION

Name of Organization	Website Address	Grant Code (if applicable)
Address		
City	State	Zip Code
Employer ID Number (EIN)	NAICS Code *(if known)*	Total # of Employees *(approx.)*

B. PROGRAM SPONSOR'S CONTACT INFORMATION

Name of Sponsor's Primary Contact *(First/Last Name)*		Job Title
Telephone Number	Extension	E-Mail Address

Name of Sponsor's Primary Administrative Coordinator *(leave blank if same as Primary Contact)*		
Telephone Number	Extension	E-Mail Address

IS THE PROGRAM SPONSOR ALSO THE EMPLOYER? YES ☐ NO ☐ *(If "NO," please complete Section C)*

UNION AFFILIATION? YES ☐ NO ☐

C. PARTICIPATING EMPLOYER

Name of Organization		Website (URL)
Address		
City	State	Zip Code
Telephone Number	E-Mail Address	
Employer ID Number (EIN) *(Optional)*	NAICS Code *(if known)*	Total # of Employees *(approx.)*

D. OCCUPATION *(When registering multiple occupations, please submit a separate form for each occupation)*

Name of Occupation

Starting Hourly Wage	Journeyworker Hourly Wage *(fully-qualified worker, post-apprenticeship)*

When can the Office of Apprenticeship expect the first apprentice to be registered? (Mo/Year): _____

Preferred Length of Apprenticeship *(in years or months)*: _____

Preferred Length of Apprentice Probationary Period *(cannot exceed 25% of Length of Apprenticeship)*: _____

Total # of Journeyworkers *(# of fully-qualified employees working for participating employer, for this occupation)*: _____

Total # of Journeyworkers who are: Female _____ Minority: _____ Youth *(age 16-24)* _____

E. RELATED TECHNICAL INSTRUCTION (RTI) INFORMATION

Name of RTI Provider *(e.g., university, college, technical school, CTEC/high school, adult education, employer, sponsor)*

Instruction Method *(e.g., classroom, correspondence, web-based learning)*		Website (URL)
Address		
City	State	Zip Code
Primary RTI Contact *(First/Last Name)*		Job Title
Telephone Number	E-Mail Address	