



**Program Registration – Section I**

OMB No. 1205-0223 Expiration Date: 03/31/2023

<b>A. PROGRAM SPONSOR INFORMATION</b>		
1. Employer Identification Number	2. Program Number	
3. Name of Organization		
4. Address		
5. City	6. State	7. Zip Code

<b>B. PROGRAM SPONSOR'S RELATED CONTACT INFORMATION</b>			
1. Name of Sponsor Contact/Coordinator			
2. Telephone Number	3. Extension	4. Fax Number	5. E-Mail Address

<b>C. JOURNEYWORKERS EMPLOYED</b>			
1. Sponsor's Occupational Title (If different from O*NET Title)			
2. Total	3. Female	4. Minority	5. Youth

<b>D. RELATED TECHNICAL INSTRUCTION (RTI) INFORMATION</b>			
1. Occupation Training Approach (See Definitions) Check Appropriate Boxes			
1.a Time-Based Approach		<input type="checkbox"/> Yes <input type="checkbox"/> No	
1.b Competency-Based (CB) Approach		CB Interim Credentials <input type="checkbox"/> Yes <input type="checkbox"/> No	
1.c Hybrid (HY) Approach		HY Interim Credentials <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Wages Paid During RTI		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Hours of RTI Instruction Provided Per Year Only			
4. RTI Hours and On-the-Job Learning Length of Program			
4.a Time-Based		4.b Competency-Based	4.c Hybrid

<b>E. RTI SOURCE INFORMATION</b>					
1. Name of Primary RTI provider			9. Name of Secondary RTI provider (Optional)		
2. Type of Instruction provider (See Examples)			10. Type of Instruction provider (See Examples)		
3. Instruction Method (See Examples)			11. Instruction Method (See Examples)		
4. Contact Person			12. Contact Person		
5. Address of Source			13. Address of Source		
6. City	7. State	8. Zip Code	14. City	15. State	16. Zip Code

<b>F. PROGRAM SPONSOR</b>		
1. Signature	2. Title	3. Program Registration Date (MO/DD/YYYY)

**THIS PAGE TO BE COMPLETED BY  
THE APPRENTICESHIP AND TRAINING REPRESENTATIVE**

<b>G. APPRENTICESHIP AND TRAINING REPRESENTATIVE (ATR)</b>	
1. ATR Name	
2. ATR's RAPIDS Identification Number	

<b>H. PROGRAM REGISTRATION INFORMATION</b>					
1. Bargaining Agency Name			2. National Affiliation		
3. Program Type (Check Box)      1 = INJ <input type="checkbox"/> 2 = IJ <input type="checkbox"/> 3 = GJ <input type="checkbox"/> 4 = GNJ <input type="checkbox"/>					
4. Number of Participating Employers		5. Employers: If GNJ Program, Attach Employer Acceptance Agreements. (Check Box) <input type="checkbox"/> Yes, Agreement is attached. <input type="checkbox"/> No, Agreement is not attached.			
6. Waiver (Check Box) <input type="checkbox"/> Yes <input type="checkbox"/> No		7. Size of Workforce (includes all employees)			
8. Bargaining Agency Contact Name			9 Title		
10 Street Address					
11. City		12. State		13. Zip Code	
14. Telephone Number		15. Cell Phone Number		16. Fax Number	
17. E-Mail Address			18. Web-Site Address		
19. Employer NAICS Code		20. NAICS 2 Digit Category		21. Products/Services	
22. Apprenticeship Committee Exists (Check Box) <input type="checkbox"/> Yes <input type="checkbox"/> No					
23. Membership List Is Attached (Check Box) <input type="checkbox"/> Yes <input type="checkbox"/> No					
24. Occupational Title				25. RAPIDS Code	
26. Probation Length in Hours (See Instructions.)					
27. Written School-To-Apprenticeship Agreement (STA) (Check Box) <input type="checkbox"/> Yes <input type="checkbox"/> No					
28. Prison Indicator (Check Box) <input type="checkbox"/> Yes <input type="checkbox"/> No					
29. Affirmative Action Plan (Check Box) <input type="checkbox"/> Yes <input type="checkbox"/> No					
30. Selection Procedures <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>31. WAGE RECORD (Includes Four Wage Schedules)</b>					
<b>31.a Wage Schedule</b>	<b>31.b Increment Type</b>	<b>31.c Start Date MO/DD/YYYY</b>	<b>31.d Apprentice Entry Wage Rate (Hour, Month, Year)</b>	<b>31.e Journeyworker Wage Rate</b>	<b>31.f Number of Periods (See Instructions.)</b>
1.)					
2.)					
3.)					
4.)					
32. Program Registration Date (MO/DD/YYYY)					
33. Last Program Revision Date (MO/DD/YYYY)					

<b>I. APPRENTICESHIP AND TRAINING REPRESENTATIVE (ATR)</b>		
1. Signature	2. State (2 Digit Alpha)	3. Date (MO/DD/YYYY)

**Program Definitions and/or Instructions: Unless otherwise indicated below, the program sponsor responds to fields A1. – F3. and the ATR responds to fields G1. – H31. and I1. - I3.**

- A1. **Employer Identification Number (EIN)** - is an Internal Revenue Service Federal Tax Identification Number that is used to identify a business entity. The submission of your 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. **Program Number** - a program generated number assigned to a sponsor program when the program is registered in the Registered Apprenticeship Partners Information Data System (RAPIDS), the Office of Apprenticeship database.
- A3. - 7. **Self-explanatory.**
- B1. - 5. **Self-explanatory.**
- C1. **Sponsor's Occupational Title** – Specific title of an occupation that may or may not be the same as that designated by the O\*NET data system ([www.onetonline.org](http://www.onetonline.org)).
- C2. **Total** - the number of total journeyworkers in this occupation.
- C3. **Female** - the number of female journeyworkers in this occupation.
- C4. **Minority** - the number of minority journeyworkers in this occupation.
- C5. **Youth** - the number of workers between the ages of 16 and 21 in this occupation.
- D1. **Occupation Training Approach** – There are three training methods as follows:  
a. **Time-Based Approach** – apprentice required to complete a specific number of hours of on-the-job learning (OJL) and related training instruction (RTI)  
b. **Competency-Based Approach** – apprentice required to demonstrate competency in defined subject areas and does not require any specific hours of OJL or RTI  
c. **Hybrid Approach** – apprentice required to complete a minimum number of OJL and RTI hours and demonstrate competency in the defined subject areas  
The training method, obtained from the Program's Standards of Apprenticeship, is subject to approval of the Registration Agency as appropriate to the apprenticeable occupation for which program standards are registered.  
**Interim Credentials** – Based on program standards that utilize the competency-based or hybrid training approach, and, upon request of the program sponsor, the credentials are issued as certificates by the Registration Agency. Interim credentials provide certification of competency attainment by an apprentice.
- D2. **Wages paid during RTI** - Are apprentices paid while attending classes? (**Yes or No**)
- D3. **Hours of RTI Provided Per Year** – The hours of related instruction provided per year.
- D4. **RTI Hours and On-the-Job Learning (OJL) Length of Program** = The hours of instruction (related classroom) and the length of on-the-job learning during the program which will depend on the type of training method. See D1.
- E1. - 16. **RTI Source Information** – Enter primary RTI provider information in E1 – 8 and if there is secondary RTI provider (optional) enter information in E9 – 16.
- E1. **RTI Provided By** – name of college, adult education, or sponsor.
- E2. **Type of Instruction Provider** – examples: community college, adult education, sponsor, etc.
- E3. **Instruction Method** – examples: classroom, correspondence, self paced; electronic media (technology-based instruction and distance learning).
- E4. - 8. **Self-explanatory.**
- E9 - 16. **See instructions E1 – 8 above.**
- F1. - 3. **Self-explanatory.**

**BE COMPLETED BY THE APPRENTICESHIP AND TRAINING REPRESENTATIVE**

- G1. **Apprenticeship and Training Representative (ATR) Name** – Self-explanatory.
- G2. **ATR’s RAPIDS Identification Number** – alpha-numerical code that identifies the ATR in the RAPIDS database.
- H1. **Bargaining Agency Name** – name of local union, if applicable.
- H2. **National Affiliation** – Union acronym, example: IBEW, SMWIA, etc.
- H3. **Program Type** - Enter appropriate numerical code:  
1 = INJ (Individual, non joint = single employer not covered by collective bargaining agreement.)  
2 = IJ (Individual, joint = single employer covered by a collective bargaining agreement.)  
3 = GJ (Group, joint = multi employer association, covered by a collective bargaining agreement.)  
4 = GNJ (Group, non joint = multi employer association not covered by a collective bargaining agreement.)
- H4. **Number of Participating Employers** – Number of employers who are signatories to the standards of apprenticeship for training of apprentices.
- H5. **Self-explanatory.**
- H6. **Waiver** - Under a joint program (IJ or GJ) where one of the sponsoring parties under a collective bargaining agreement does not wish to participate in the operation of the program and has elected to “Waiver” any rights and privileges under that program.
- H7. **Size of Workforce** - Includes all employees, workers, management, clerical, etc.
- H8. – 18. **Self-explanatory.**
- H19. **Employer North American Industrial Classification System (NAICS) Code, NAICS Two-Digit Category, Products/Services.**
- H21. **Products/Services** – a short written description of the products/services that the sponsor provides.
- H22. **Apprenticeship Committee Exists (Yes/No).**
- H23. **Membership List Attached (Yes/No).**
- H24. **Occupational Title** - example: carpenter, plumber, sheet metal worker, etc.
- H25. **RAPIDS Code** – alpha-numeric code of occupation in RAPIDS database.
- H26. **Probation Length in Hours**, Number of Hours - length of probation in hours, (example: 3 months equals 500 hours; 6 months equals 1,000 hours). Probation period cannot exceed 25 percent of the length of the program or one year, whichever is shorter.
- H27. **Written School-to-Apprenticeship (STA) Agreement** – Sponsor has an agreement that would be signed by the high-school student, parent, school, employer or employer’s agent.
- H28. **Prison Indicator (Yes /No)** – Sponsor has an agreement with a prison system for training inmates.
- H29. **Affirmative Action Plan (Yes /No).**
- H30. **Selection Procedures (Yes /No).**
- H31. **Wage Record (Includes Multiple Wage Schedules)** - Multiple wage schedules may apply to a program that has the same occupation in different geographic localities. The wages are based on the prevailing wage rates and fringe benefits determined by the Secretary of Labor for inclusion in covered contracts.  
a. **Wage Schedule** – The wage rates an apprentice is to be paid over the length of the training.  
b. **Increment Type** – Is wage advancement based on percent or hours of journeyworker’s wage.  
c. **Start Date** – Date program is registered. Enter today’s date.  
d. **Apprentice Entry Wage Rate (Hour, Month, Year)** – Apprentice’s current wage today.  
e. **Journeyworker Wage Rate** – Wage in hours, monthly, or annually at apprentice completion of program obtained from Program’s Standards of Apprenticeship  
f. **Number of Periods** – Based on the program sponsor’s occupation training approach and available in the program’s apprenticeship standards.

**Program Registration and  
Apprenticeship Agreement**  
Office of Apprenticeship

**U.S. Department of Labor**  
Employment and Training Administration

- H32. **Program Registration Date** – the date the program was officially registered  
H33. **Last Program Revision Date (Significant Date)** – RAPIDS database generates this data.  
I1. - 3. **Self-explanatory.**

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 thirty 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, Office of Apprenticeship, 200 Constitution Avenue, N.W., Room C-5321, Washington, D.C. 20210 (OMB Control Number 1205-0223).