



Program Name _____ RAPIDS Program # _____

Address _____ City _____ State/Zip _____ Telephone _____

Contact Person _____ Title _____ Email Address _____

Type of Program Time-based Competency-based Hybrid EIN # _____ NAICS Code _____

Type of Action: (Check One) A. <input type="checkbox"/> Wage Increase B. <input type="checkbox"/> Revision of Standards C. <input type="checkbox"/> New Occupation D. <input type="checkbox"/> New Program	Type of Program: (Check One) A. <input type="checkbox"/> Individual Union B. <input type="checkbox"/> Individual Non-Union C. <input type="checkbox"/> Group Union D. <input type="checkbox"/> Group Non-Union	Journey Workers (JW) A. No. of Females _____ B. No. of Minorities _____ C. No. JW _____ D. No. of Employers _____	Pay Period (Check One) <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi Monthly Pay Increases (Months) 3 <input type="checkbox"/> 6 <input type="checkbox"/> 12 <input type="checkbox"/> Other <input type="checkbox"/>
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TRADE INFORMATION

Occupation Name and O*NET CODE (use separate form for each occupation)	Term (OJT hours)	RTI (Classroom hours)	# Of Journey workers	# Of Apprentices in Training	Journey worker Hourly Rate	Days per Week

HOURLY APPRENTICE WAGES BY PERIOD (Excluding Benefits) Top Line Dollar Amounts, Bottom Line Percentages

Occupation Name and O*NET CODE	1 ST	2 ND	3 RD	4 TH	5 TH	6 TH	7 TH	8 TH	9 TH	10 TH
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
	%	%	%	%	%	%	%	%	%	%
Fringe Benefits (\$ or %)										

The Sponsor / Program Coordinator certifies and assures that it will utilize qualified training personnel in the delivery of the related instruction, such as subject matter experts (e.g., journeymen) who are recognized within an industry as having expertise in a specific occupation, and who also have training in teaching techniques and adult learning styles, which may occur before or after the apprenticeship instructor has started to provide the related technical instruction. Further, the Sponsor / Program Coordinator certifies the information above is true and correct.

Date

Signature of Sponsor / Program Coordinator

DO NOT WRITE BELOW THIS LINE

Received By: _____

State Apprenticeship Director

Date