

**APPRENTICE REGISTRATION – SECTION II**

OMB No. 1205-0223

**Warning: This agreement does not constitute a certification under Title 29, CFR, Part 5 for the employment of the apprentice on Federally financed or assisted construction projects. Current certifications must be obtained from the Office of Apprenticeship (OA) or the recognized State Apprenticeship Agency shown below. (Item 24)**

The program sponsor and apprentice agree to the terms of the Apprenticeship Standards incorporated as part of this Agreement. The sponsor will not discriminate in the selection and training of the apprentice in accordance with the Equal Opportunity Standards in Title 29 CFR Part 30, and Executive Order 11246. This agreement may be terminated by either of the parties, citing cause(s), with notification to the registration agency, in compliance with Title 29, CFR, Part 29

**PART A: TO BE COMPLETED BY APPRENTICE. NOTE TO SPONSOR: PART A SHOULD ONLY BE FILLED OUT BY APPRENTICE.**

|   |  |   |   |
|---|--|---|---|
| 1. Name (Last, First, Middle) and Address (No., Street, City, State, Zip Code, Telephone Number)                  | *Social Security Number<br><br>- -   | Answer Both A and B (Voluntary)<br>(Definitions on reverse)<br><br>4. a. Ethnic Group (Mark one)<br><input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> Not Hispanic or Latino<br><br>b. Race (Mark one or more)<br><input type="checkbox"/> American Indian or Alaska native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Native Hawaiian or other Pacific Islander<br><input type="checkbox"/> White | 5. Veteran Status (Mark one)<br><input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran<br><br>6. Education Level (Mark one)<br><input type="checkbox"/> 8th grade or less<br><input type="checkbox"/> 9th to 12th grade<br><input type="checkbox"/> GED<br><input type="checkbox"/> High School Graduate or Greater<br><input type="checkbox"/> Post Secondary or Technical Training |
| 2. Date of Birth (Mo., Day, Yr.)  | 3. Sex (Mark one)<br><input type="checkbox"/> Male <input type="checkbox"/> Female | 7. Disability (Mark one)<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |   |
| 8a. Employment Status (Mark one) <input type="checkbox"/> New Employee <input type="checkbox"/> Existing Employee |  | 8b. Career Connection (Mark one) (Instructions on reverse) <input type="checkbox"/> None <input type="checkbox"/> Pre-Apprenticeship <input type="checkbox"/> Technical Training School <input type="checkbox"/> Military Veterans<br><input type="checkbox"/> Job Corps <input type="checkbox"/> YouthBuild <input type="checkbox"/> HUD/STEP-UP <input type="checkbox"/> Career Center Referral <input type="checkbox"/> School-to-Registered Apprenticeship                                    |   |
| 9. Signature of Apprentice  | Date   | 10. Signature of Parent/Guardian (if minor)   | Date  |

**PART B: SPONSOR: EXCEPT FOR ITEMS 6, 7, 8, 10a. - 10c, REMAINDER OF ITEMS REPOPULATED FROM PROGRAM REGISTRATION.**

|   |   |  |  |
|---|---|--|--|
| 1. Sponsor Program No.<br>Sponsor Name and Address (No. Street, City, County, State, Zip Code)<br><br><b>Enter Sponsor Name Here</b><br><b>Sponsor Street Address</b><br><b>Sponsor City, County, State, Zip</b><br><br><b>Office Phone:</b><br><b>Office Fax:</b><br><b>Firm Web Page:</b> | 2a Occupation (The work processes listed in the standards are part of this agreement).<br><br><b>Enter Occupation</b>           | 2b Occupation Code:<br>2b.1. Interim Credentials Only applicable to Part B, 3.b. and 3.c. (Mark one)<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 3. Occupation Training Approach (Mark one)<br>3a. <input type="checkbox"/> Time-Based<br>3b. <input type="checkbox"/> Competency-Based<br>3c. <input type="checkbox"/> Hybrid   | 4. Term (Hrs., Mos., Yrs.)  | 5. Probationary Period (Hrs., Mos., Yrs.)  |  |
| 6. Credit for Previous Experience (Hrs., Mos., Yrs.)<br>6a. OJT:<br>6b. RTI:  | 7. Term Remaining (Hrs., Mos., Yrs.)  | 8. Date Apprenticeship Begins  |  |
| 9a. Related Instruction (Number of Hours Per Year)  | 9b. Apprentice Wages for Related Instruction<br><input type="checkbox"/> Will Be Paid <input type="checkbox"/> Will Not Be Paid | 9c. Related Training Instruction Source<br><b>ENTER NAME AND ADDRESS OF RTIS PROVIDER(S) HERE</b>  |  |

|  |  |   |
|--|--|---|
| 10a. Pre-Apprenticeship Hourly Wage \$ _____   | 10b. Apprentice's Entry Hourly Wage \$ _____           | 10c. Journeyworker's Hourly Wage \$ _____ |
| Check Box<br>10d. Term<br><input type="checkbox"/> Hrs., <input type="checkbox"/> Mos., or <input type="checkbox"/> Yrs. | Period 1    2    3    4    5    6    7    8    9    10 |   |
| 10e. Wage Rate (Mark one) % <input type="checkbox"/> or \$ <input type="checkbox"/>                                      |  |   |

|   |   |
|---|---|
| 11. Signature of Sponsor's Representative(s)    Date Signed | 13. Name and Address of Sponsor Designee to Receive Complaints (If applicable)<br><b>CONTACT NAME AND TITLE</b><br><b>ENTER SPONSOR NAME HERE</b><br><b>SPONSOR STREET ADDRESS</b><br><b>SPONSOR CITY, STATE SPONSOR ZIP</b><br><b>CONTACT PHONE:    CONTACT FAX:    CONTACT EMAIL:</b> |
| 12. Signature of Sponsor's Representative(s)    Date Signed |   |

**PART C: TO BE COMPLETED BY REGISTRATION AGENCY**

|   |                                    |                    |
|---|------------------------------------|--------------------|
| 1. Registration Agency and Address<br>Nevada State Apprenticeship Council (NSAC)<br>Office of Workforce Innovation (OWINN)<br>555 E. Washington Ave, Ste. 4900<br>Las Vegas, NV 89101 | 2. Signature (Registration Agency) | 3. Date Registered |
|---|------------------------------------|--------------------|

4. Apprentice Identification Number (Definition on reverse):