



APPRENTICE REGISTRATION – SECTION II OMB No. 1205-0223 Expiration Date: 03/31/2023

This agreement does not constitute a certification under Title 29 Code of Federal Regulations (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.

The program sponsor and apprentice agree to the terms of the Apprenticeship Standards incorporated as part of this agreement and in accordance with Title 29 CFR Parts 29 and 30. The sponsor's Apprenticeship Standards are attached and hereby incorporated into this agreement as they exist on the date of the agreement. These Standards may be amended during the period of this agreement with the consent of the parties to the agreement. 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 *Social Security Number _____ _____ _____ (No., Street, City, State, Zip Code, Telephone Number)		Answer Both A and B (Voluntary) (Definitions on reverse)	5. Veteran Status (Mark one) <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran
2. Date of Birth (Mo., Day, Yr.) _____	3. Sex (Mark one) <input type="checkbox"/> Male <input type="checkbox"/> Female	4. a. Ethnic Group (Mark one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino b. Race (Mark one or more) <input type="checkbox"/> American Indian or Alaska native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White	6. Education Level (Mark one) <input type="checkbox"/> Less than 9 th grade <input type="checkbox"/> 9 th to 12 th grade, no diploma <input type="checkbox"/> High School graduate or GED <input type="checkbox"/> Some College or Associate's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate or Prof. degree
7a. Employment Status (Mark one) <input type="checkbox"/> New Employee <input type="checkbox"/> Existing Employee			
7b. 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 <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			
8. Signature of Apprentice Date _____		9. 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. Sponsor Name and Address (No. Street, City, County, State, Zip Code) _____ _____		2a Occupation (The work processes listed in the standards are part of this agreement). _____ _____	2b Occupation Code: 2b.1. Interim Credentials Only applicable to Part B, 3.b. and 3.c. (Mark one) <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Occupation Training Approach (Mark one) 3a. <input type="checkbox"/> Time-Based 3b. <input type="checkbox"/> Competency-Based 3c. <input type="checkbox"/> Hybrid		4. Term (Hrs., Mos., Yrs.) _____	5. Probationary Period (Hrs., Mos., Yrs.) _____
6. Credit for Previous Experience (Hrs., Mos., Yrs.) _____		7. Term Remaining (Hrs., Mos., Yrs.) _____	8. Date Apprenticeship Begins _____
9a. Related Instruction (Number of Hours Per Year) _____	9b. Apprentice Wages for Related Instruction <input type="checkbox"/> Will Be Paid <input type="checkbox"/> Will Not Be Paid	9c. Related Training Instruction Source _____	

10. Wages: (Instructions on reverse)										
10a. Prior Hourly Wage \$ _____	10b. Apprentice's Entry Hourly Wage \$				10c. Journeyworker's Hourly Wage \$					
Check Box <input type="checkbox"/> Hrs., <input type="checkbox"/> Mos., or <input type="checkbox"/> Yrs.	Period 1	2	3	4	5	6	7	8	9	10
10d. Term <input type="checkbox"/> Hrs., <input type="checkbox"/> Mos., or <input type="checkbox"/> Yrs.										
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 _____ _____					
12. Signature of Sponsor's Representative(s) Date Signed _____										

PART C: TO BE COMPLETED BY REGISTRATION AGENCY

1. Registration Agency and Address _____	2. Signature (Registration Agency) _____	3. Date Registered _____
4. Apprentice Identification Number (Definition on reverse): _____		