



New Sponsor Intake Sheet

This sheet asks for specific information we need to guide you through preparing your standards and registering your program. Unlike the Standards, this document is for office use only and not for distribution to apprentices.

SPONSOR _____

TYPE OF SPONSOR

- Employer Community-Based Organization College / University Foundation
- Public Sector Agency None of the Above, Other _____

PROFIT OR NON-PROFIT For Profit / Not for Profit

NATIONAL AFFILIATION, if any _____

PROGRAM ADMINISTRATION TYPE

- Single Employer Multiple Employer Sponsor Single-Employer Joint Group Joint

INDUSTRY CODE (NAICS) _____ (six digit number) [See NAICS Code List](#)

PRODUCTS / SERVICES _____

Do You Have an Apprenticeship Program Registered in Another State? check if YES

Do you want your Program on the RI WIOA Eligible Training Provider List (ETPL)? check if YES

YOUR COMPANY WORKFORCE _____ Number employed in Rhode Island (all occupations)

YOUR COMPANY WORKFORCE IN APPRENTICE OCCUPATION(S) For each occupation you are apprenticing, please provide the total number of fully-proficient workers, and the demographics of those workers.

Occupation	Number of Fully-Proficient Employees by Occupation (exclude apprentices, trainees)			
	Total	Women	Minorities	Age 16-24

FEIN (Federal Employer Identification Number) _____

UNION AFFILIATION Are the workers the apprenticed occupations represented by a union? Yes No

If yes, name of union(s) _____

ADMINISTRATIVE LOGIN to RAPIDS 2.0. The primary contact designated on the standards will receive an Administrative Login to manage apprentice registrations. You may request additional logins by specifying an additional contact.

First and Last Name _____ EMAIL _____