

This sheet asks for information we need to guide you through preparing your Standards and registering your program.

Sponsor	FEIN Federal Employer Identification Number —
----------------	---

Date	National Affiliation, if any
-------------	-------------------------------------

Industry Code (NAICS)	<i>6 digits categorizing the company's business activity</i> <i>SOS Lookup NAICS Guide</i>
------------------------------	--

Products / Services

Type of Sponsor Employer Community-Based Organization College / University Foundation Public Sector Agency Union / Labor None of the Above, Other	Is the sponsor listed as a business with the RI Secretary of State? Yes No No, sole proprietorship	Have you registered a program before? No Yes, in Rhode Island Yes, in another state
	Profit or Non-Profit For Profit Not for Profit	Do you maintain workers' compensation insurance for all your employees? Yes No

Are the workers in the apprenticed occupations represented by a union? Yes No If yes, name of union(s)	Program Administrative Type Single Employer Group Sponsor Employer Joint with Union Group Joint with Union	Who will oversee the program? Individual will be designated Apprenticeship Training Committee
---	---	--

Do you want program on the WIOA Eligible Training Provider List (ETPL)? Yes, List Sponsor Yes, List Instruction Provider No	Number employed in Rhode Island <i>(all occupations)</i>
---	--

Valor Act. The sponsor is aware of the availability of educational assistance for a veteran or other individual eligible under chapters 30-36 of USC title 38, for use in connection with a registered apprenticeship program and will make a good faith effort to obtain approval for educational assistance for, at a minimum, each program location that employs or recruits a veteran or other individual eligible. Yes No

YOUR COMPANY WORKFORCE IN APPRENTICE OCCUPATION(S)

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

Primary Contact. *Contact will receive an administrative login to manage registrations. You may request additional logins.*

First and Last Name	Title	Email
---------------------	-------	-------