
Appendix B

ETA-671 APPRENTICESHIP AGREEMENT

AND

**Louisiana Workforce Commission
Apprenticeship Division
APPLICATION FOR CERTIFICATION OF
COMPLETION OF APPRENTICESHIP**

PART A: APPRENTICE'S INFORMATION

1. First Name Middle Name (Optional) Address (No., Street, City, State, Zip Code) Telephone Number (Optional) *Social Security Number		Last Name Suffix (Optional) E-mail Address (Optional)		Answer Both 4a. and 4b. below 4. a. Ethnicity (Select One) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Participant Did Not Self-Identify b. Race (Select 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 <input type="checkbox"/> Participant Did Not Self-Identify	5. Veteran Status (Select All That Apply) <input type="checkbox"/> Non Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Non Veteran, Other Eligible Individual <input type="checkbox"/> Veteran, Eligible <input type="checkbox"/> Participant Did Not Self-Identify
2. Date of Birth (Mo., Day, Yr.)	3. Sex (Select One) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Participant Did Not Self-Identify		6. Education Level (Select One) <input type="checkbox"/> Not High School graduate <input type="checkbox"/> High School graduate (including equivalency) <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 professional degree		

7. Employment Status of Apprentice (Select One)
☐ New Employee ☐ Current Employee

8. Did the apprentice complete a pre-apprenticeship program prior to their registration in this apprenticeship program?
☐ Yes ☐ No
 If yes, please provide the Pre-Apprenticeship Program Name and Address:

PART B: PROGRAM SPONSOR'S INFORMATION

1. Program Number Sponsor's Name and Address (No., Street, City, State, Zip Code, County) Telephone Number Cell Phone Number (Optional) E-mail Address	2. Occupation (The work processes listed in the standards are part of this agreement.) a. RAPIDS Code: b. O*NET Code: c. Interim Credentials Offered (i.e., Career Lattice Occupation)? <input type="checkbox"/> Yes <input type="checkbox"/> No
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a. Sponsor's Principal Place of Business Address (If different from Sponsor's address above)	3. Occupation Type (Select One) a. <input type="checkbox"/> Time-based b. <input type="checkbox"/> Competency-based c. <input type="checkbox"/> Hybrid	4. Term Length (Hrs., Mos., Yrs.)	5. Probationary Period (Hrs. or Wks.)
	b. Employer's Name and Address (If different from Sponsor's address above)	6. Credit for Previous On-The-Job Learning Experience (Hrs. Mos., Yrs.): a. Term Remaining (Hrs., Mos., Yrs.)	7. Credit for Previous Related Instruction Experience (Hrs., Mos., Yrs.)

9. Related Instruction Provider(s) Name and Address	a. Total Length of Related Instruction
b. Are Wages Paid During Related Instruction? <input type="checkbox"/> Yes <input type="checkbox"/> No	c. Hours When Related Instruction Is Provided <input type="checkbox"/> During Work Hours <input type="checkbox"/> Not During Work Hours <input type="checkbox"/> Both During and Not During Work Hours

10. Progressive Wage Schedule:

a. Apprentice's Entry Wage \$ _____	b. Journeyworker's (i.e., Experienced Worker's) Wage \$ _____
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c. Wage Rate Units <input type="checkbox"/> hourly <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> semi-annually <input type="checkbox"/> annually <input type="checkbox"/> competencies d. Wage Rate (Select One) <input type="checkbox"/> % of Journeyworker (i.e., Experienced Worker) wage <input type="checkbox"/> \$ amount of wage <input type="checkbox"/> Both % and \$ amount of wage	Period	1	2	3	4	5	6	7	8	9	10
	Duration (If Applicable)										
	Competencies (If Applicable)										
	Wage Rate										

11. Name and Contact Information of the Individual Designated by the Program Sponsor to Receive Complaints

Telephone Number _____ Cell Phone Number (Optional) _____

E-mail Address _____

PART C: AGREEMENT AND SIGNATURES

The program sponsor's Apprenticeship Standards, which the sponsor certifies are in conformity with the requirements for program registration contained in 29 Code of Federal Regulations (CFR) part 29, subpart A and 29 CFR part 30, are attached and are hereby incorporated into this agreement. The program sponsor and apprentice hereby agree to the terms of the Apprenticeship Standards that are incorporated as part of this agreement, as those Standards existed on the date of the agreement.

These Apprenticeship Standards may be amended during the period of this agreement with the consent of the parties to the agreement, provided that such amendments are also in conformity with the requirements for program registration contained in 29 CFR part 29, subpart A and 29 CFR part 30.

The apprentice will be accorded equal opportunity in all phases of apprenticeship employment and training by the program sponsor, without discrimination because of race, color, religion, national origin, sex (including pregnancy and gender identity), sexual orientation, age (40 or older), genetic information, or disability.

This agreement may be canceled by either of the parties, citing cause(s), with written notice to the registration agency, in compliance with 29 CFR part 29, subpart A.

During the probationary period described in Part B above, this apprenticeship agreement may be cancelled by either party upon written notice to the registration agency. After the probationary period, this agreement may be cancelled at the request of the apprentice, or suspended or cancelled by the sponsor, for good cause, with due notice to the apprentice and a reasonable opportunity for corrective action, and with written notice to the apprentice and to the Registration Agency of the final action taken.

This apprenticeship agreement does not constitute a certification under 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.

1. Signature of Apprentice	Date	2. Signature of Parent/Guardian (If minor)	Date
3. Signature of Sponsor's Representative(s)	Date	4. Signature of Sponsor's Representative(s)	Date
5. Signature of Employer's Representative(s) (If Applicable)	Date	6. Signature of Employer's Representative(s) (If Applicable)	Date

PART D: TO BE COMPLETED BY REGISTRATION AGENCY

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

NOTE: The collection and maintenance of the data on ETA-671, Apprentice Agreement and Registration – Section II Form, is authorized under the National Apprenticeship Act, 29 U.S.C. 50, and 29 CFR part 29, subpart A. The data is used for apprenticeship program statistical purposes and is maintained, pursuant to the Privacy Act of 1974 (5 U.S.C. 552a), in a systems of records entitled, DOL/ETA-31, The Enterprise Business Support System (EBSS) (encompassing RAPIDS), at the U.S. Department of Labor, Office of Apprenticeship. Data may be disclosed to Federal, state, and local agencies and community-based organizations, including State Apprenticeship Agencies, to facilitate statistical research, audit, and evaluation activities necessary to ensure the success, integrity, and improvement of employment and training programs. Data may also be disclosed to these organizations to determine an assessment of skill needs and program information, and in connection with federal litigation or when required by law.

Definitions / Instructions

Part A: Apprentice's Information

Item 4a. Ethnicity

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

Item 4b. Race

American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment. This category includes people who indicate their race as "American Indian or Alaska Native" or report entries such as Navajo, Blackfeet, Inupiat, Yup'ik, or Central American Indian groups or South American Indian groups.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. This includes people who reported detailed Asian responses such as: "Asian Indian," "Chinese," "Filipino," "Korean," "Japanese," "Vietnamese," and "Other Asian" or provide other detailed Asian responses.

Black or African American: A person having origins in any of the Black racial groups of Africa. It includes people who indicate their race as "Black or African American," or report entries such as African American, Kenyan, Nigerian, or Haitian.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. It includes people who reported their race as "Fijian," "Guamanian or Chamorro," "Marshallese," "Native Hawaiian," "Samoan," "Tongan," and "Other Pacific Islander" or provide other detailed Pacific Islander responses.

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their race as "White" or report entries such as Irish, German, Italian, Lebanese, Arab, Moroccan, or Caucasian.

Item 5. Veteran Status

A **Veteran** is a person who has served in the active military, naval, or air service of the United States, and who was discharged or released therefrom under conditions other than dishonorable.

A **Non Veteran, Other Eligible Individual** is a person who is a dependent spouse or child—or the surviving spouse or child—of a Veteran, and who is eligible for certain G.I. Bill and other VA-administered educational assistance benefits provided under Title 38 of the U.S. Code.

A **Veteran, Eligible** is a Veteran who is eligible for certain G.I. Bill and other VA-administered educational assistance benefits provided under Title 38 of the U.S. Code.

Item 8.

Pre-Apprenticeship: A program or set of strategies designed to prepare individuals to enter and succeed in a Registered Apprenticeship program and has a documented partnership with at least one, if not more, Registered Apprenticeship program(s).

Part B: Program Sponsor's Information

Item 1. A **Program Number** is a generated number assigned to a program sponsor when a program is registered in the Office of Apprenticeship's Registered Apprenticeship Partners Information Data System (RAPIDS).

Item 1. A **Sponsor Name** is any person, association, committee, or organization operating an apprenticeship program and in whose name the program is (or is to be) registered or approved.

Item 1b. An **Employer** is any person or organization employing an apprentice whether or not such person or organization is a party to an Apprenticeship Agreement with the apprentice.

Item 2. An **Occupation** refers to the occupation an apprentice will be trained in, and the occupation will be listed in the sponsor's program standards.

Item 2a. A **RAPIDS Code** is the numeric code of the occupation in the apprenticeable occupation list.

Item 2b. An **Occupational Information Network (O*NET) Code** is an 8-digit code in the O*NET data system (<https://www.onetonline.org/>).

Item 2c. **Interim Credentials** (Certificate of Training) applies to career lattice occupations. These credentials are issued by the Registration Agency upon request by the program sponsor. Interim credentials provide certification of competency attainment by an apprentice, but does not necessarily indicate completion of the program.

Item 3. **Occupation Type** refers to the following three training approaches listed below.

Item 3a. A **Time-based Approach** measures skill acquisition through the individual apprentice's completion of at least 2,000 hours of on-the-job learning as described in a work process schedule.

Item 3b. A **Competency-based Approach** measures skill acquisition through the individual apprentice's successful demonstration of acquired skills and knowledge, as verified by the program sponsor. Programs utilizing this approach must still require apprentices to complete an on-the-job learning component of Registered Apprenticeship. The program standards must address how on-the-job learning will be integrated into the program, describe competencies, and identify an appropriate means of testing and evaluation for such competencies. An apprentice must be registered in an approved competency-based occupation for 12 calendar months of on-the-job-learning.

Item 3c. A **Hybrid Approach** measures the individual apprentice's skill acquisition through a combination of specified minimum number of hours of on-the-job learning and the successful demonstration of competency as described in a work process schedule.

Item 4. A **Term Length (Hrs., Mos., Yrs.)** of the occupation is based on the program sponsor's training approach as approved by the Registration Agency.

Item 5. A **Probationary Period (Hrs. or Wks.)** is the number of hours or weeks of on-the-job learning during the apprentice's probationary period. A probationary period cannot exceed 25 percent of the term length of the occupation or one year, whichever is shorter.

Item 6. **Credit for Previous On-the-Job Learning Experience** (Hrs., Mos., Yrs.) is granted by the program sponsor based upon documented evidence provided by the apprentice. An apprentice must complete a minimum of six months on-the-job learning regardless of credits for previous experience awarded.

- Item 6a.** The **Term Remaining (Hrs., Mos., Yrs.)** is the difference between the term length of the on-the-job learning and the credits for previous experience awarded.
- Item 7.** **Credit for Previous Related Instruction Experience** (Hrs., Mos., Yrs.) is granted by the program sponsor based upon documented evidence provided by the apprentice.
- Item 9a.** **Total Length of Related Instruction** is the duration spent in related instruction in technical subjects related to the occupation, which is recommended to be not less than 144 hours per year.
- Item 10.** **Progressive Wage Schedule:**
- Item 10a.** **Apprentice's Entry Wage** (dollar amount paid): A sponsor enters this apprentice's entry wage.
- Item 10b.** **Journeyworker's (i.e., Experienced Worker's) Wage:** A sponsor enters the wage per unit (i.e., hourly, weekly, monthly, quarterly, semi-annually, or annually).
- Item 10c.** **Wage Rate Units:** A sponsor enters the apprentice schedule of pay for each advancement period based on the program sponsor's training approach (i.e., hourly, weekly, monthly, quarterly, semi-annually, annually, or competencies).
- Item 10d.** **Wage Rate:** Sponsor selects either percent of journeyworker (i.e., experienced worker) wage, dollar amount of wage, or both the percent of journeyworker wage and dollar amount of wage. If the sponsor selects "Both the percent of journeyworker wage and \$ amount of wage," the sponsor can enter a percentage or dollar amount for the wage in each period.
- Item 11.** **Complaints:** Identifies the individual or entity responsible for receiving complaints (29 CFR 29.7(k)).

Part D: To Be Completed By Registration Agency

- Item 4.** **Apprentice Identification Number:** RAPIDS encrypts the apprentice's social security number and generates a unique identification number to identify the apprentice. It replaces the social security number to protect the apprentice's privacy.

*The submission of the apprentice's social security number is requested. The apprentice's social security number will be used for program management purposes, such as verification of the apprentice's period of employment and earnings to align with Department of Labor's job training and employment program performance indicators for measuring performance outcomes. The Office of Apprenticeship will use wage records through the State Wage Interchange System needs the apprentice's social security number to match this number against the employers' wage records. Also, the apprentice's social security number will be used, if appropriate, for purposes of the Davis Bacon Act of 1931, as amended, U.S. Code Title 40, Sections 276a to 276a-7, and Title 29 CFR part 5, to verify and certify to the U.S. Department of Labor, Wage and Hour Division, that the apprentice is a registered apprentice to ensure that the employer is complying with the geographic prevailing wage of the occupational classification. Failure to disclose an apprentice's social security number on this form will not affect the right to be registered as an apprentice. Civil and criminal provisions of the Privacy Act apply to any unlawful disclosure of social security numbers, which is prohibited.

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average five minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond is required to obtain or retain benefits under 29 U.S.C. 50. Send comments regarding this burden or any other aspect of this collection of information including suggestions for reducing this burden to the U.S. Department of Labor, Employment and Training Administration, Office of Apprenticeship, 200 Constitution Avenue, N.W., Room C-5321, Washington, D.C. 20210 (OMB Control Number 1205-0223).

Please check one of the boxes below:

YES, I HAVE A DISABILITY (or previously had a disability)

NO, I DON'T HAVE A DISABILITY

I DON'T WISH TO ANSWER

Your name: _____

Date: _____

Why are you being asked to complete this form?

Because we are a sponsor of a registered apprenticeship program and participate in the National Registered Apprenticeship System that is regulated by the U.S. Department of Labor, we must reach out to, enroll, and provide equal opportunity in apprenticeship to qualified people with disabilities.^[1] To help us learn how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for apprenticeship, any answer you give will be kept private and will not be used against you in any way.

If you already are an apprentice within our registered apprenticeship program, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our apprentices at the time of enrollment, and then remind them yearly, that they may update their information. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. Disabilities include, but are not limited to: blindness, deafness, cancer, diabetes, epilepsy, autism, cerebral palsy, HIV/AIDS, schizophrenia, muscular dystrophy, bipolar disorder, major depression, multiple sclerosis (MS), missing limbs or partially missing limbs, post-traumatic stress disorder (PTSD), obsessive compulsive disorder, impairments requiring the use of a wheelchair, and intellectual disability (previously called mental retardation).

^[1] Part 30 – Equal Employment Opportunity in Apprenticeship. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Apprenticeship website at <https://www.apprenticeship.gov/eo>.

**Louisiana Workforce Commission
APPRENTICESHIP DIVISION**

APPLICATION FOR CERTIFICATION OF COMPLETION OF APPRENTICESHIP
(If Required please type or print all information, attach additional apprentices on separate sheet)
(This Application is optional, for Sponsor utilizing Electronic Registration)

Sponsor Information

Sponsor:	Program #:
Address:	Contact Name:
City, State, Zip:	Phone:

Apprentice Information

Full Name of Apprentice:
Apprentice Registration Number:
Occupation:
Term:
Registration Date:
Date of Completion:
Completion Wage:

Related Instruction Certification

Related Instruction Hours completed:
Related Instruction Furnished By:
Teacher(s) or Director(s) of Related Instruction Certifying to above information:
Name: _____ Address: _____

Request for Certificate

On behalf of the above-named sponsor, I hereby certify that the apprentice named in the application has satisfactorily completed and is working at the Journeyworker Level of his/her apprenticeship program as registered with the Office of Apprenticeship and hereby recommend the issuance of the Certificate of Completion of Apprenticeship
Sponsor's Signature: _____ Date: _____
Title: _____

Office of Apprentice use only:

Date Entered in RAPIDS (if required):
Date Certificate Sent:

Louisiana Workforce Commission Apprenticeship Division

APPLICATION FOR CERTIFICATION OF COMPLETION OF APPRENTICESHIP
(If Required please type or print all information, attach additional apprentices on separate sheet)
(This Application is optional, for Sponsor utilizing Electronic Registration)

Authentication of Requests for Certificate of Completion of Apprenticeship

Where the Office of Apprenticeship is the Registration Agency, issuance of a Certificate of Completion of Apprenticeship to apprentices upon satisfactory completion of the requirements of the apprenticeship program as established in these Standards, the sponsor certifies to the Registration Agency and requests the awarding of a Certificate of Completion of Apprenticeship to the completing apprentice(s). Such requests are completed either electronically using the Registered Apprenticeship Partner Information System (RAPIDS) or in writing using this form from the sponsor to the appropriate field office.

General Guidance

The sponsor will verify that the apprentice has completed all requirements of apprenticeship including a signed copy of transcripts from the sponsor, provider or sponsor of the related instruction. The field office representative shall have in evidence an electronic or written Application for Certification of Completion of Apprenticeship.

When a large number of apprentices are completing at the same time from the same occupation, one application form from the sponsor can be used with an attached list of pertinent information for the completing apprentices. When the sponsor has more than one occupation or more than one employer, the sponsor should complete separate forms for each occupation and employer, following the procedure above.

The occupation identified, must be the occupation title as listed in the most current List of Officially Recognized Apprenticeable Occupations. For sponsors who use a slightly different occupational title, OA staff may use the sponsor's title as long as the officially recognized occupational title is included in parenthesis under the sponsor's occupational title. Please see attached "sample" for reference.

The term "journeyman, journeyworker, journeyperson, etc." should not be included in the occupational title. These terms are used to describe a level of competency rather than an occupational title.

In rare instances where a program sponsor may utilize such a term above in their occupational title and that terminology is consistently used within their organization and training materials, OA staff may use that terminology on the sponsor's occupational title as long as the officially recognized occupational title is listed in parenthesis under the sponsor's title. The practice of using a level of competency in the occupational title should be discouraged when possible.

The sponsor's name on the Certificate of Completion of Apprenticeship shall be as it is registered and approved in their apprenticeship standards.

The date completed shall be the date of completion as indicated on the request form.

Issuance of Replacement OA Certificate of Completion of Apprenticeship

Replacement certificate requests shall be verified with undeniable proof that an original certificate was either issued or requested by the sponsor. This shall be verified through OA's records or the program sponsor's records. In the event a field office has no proof, yet a program sponsor does, or vice versa, a copy of that proof shall be sent to the field office and included in the program folder. The term "**Replacement Certificate**" shall be printed in 12 pt. font size on the replacement certificate in the space centered between the last line of type and the U.S. Department of Labor seal.

The Certificate of Completion of Apprenticeship shall not be used for any other purpose than completion of a Registered Apprenticeship program.