



LOUISIANA WORKS
OFFICE OF WORKFORCE DEVELOPMENT
APPRENTICESHIP DIVISION



REGISTERED APPRENTICESHIP TRAINING PROGRAM SPONSOR PRE-APPLICATION
(Rev. 02/2026)

Name of Organization

Mailing Address

Physical Address

Contact Person

Title

Phone Number

Check all appropriate items below that best describes the organization:

a. Geographic area: (check one)

Nationwide

Multi-state: (name states)

[Click here to enter text.](#)

Statewide Louisiana

By Parish: (name parishes)

[Click here to enter text.](#)

b. Industry designation: (check one)

One specific industry: (Name industry) [Click here to enter text.](#)

Multiple industries: (Name industries) [Click here to enter text.](#)

c. Occupation(s) of Apprenticeship: [Click here to enter text.](#)

ON-THE-JOB TRAINING AND RELATED TECHNICAL INSTRUCTION

1. Are you a Louisiana employer who intends to conduct the Apprenticeship On-the-Job Training on your own job site? [Choose an item.](#)

If not, please list all current partners, planned to provide employment for the Apprenticeship Program.
[Click here to enter text.](#)

If you intend to use subcontractors (if applicable), explain how you will facilitate the training?
[Click here to enter text.](#)

2. Within all employer partners, please list the number of journeyworkers (subject matter experts) that will be mentoring the apprentices, by each the following categories:

Total Enter number. Youth (Under 24) Enter number. Minorities Enter number. Females Enter number.

3. Louisiana Apprenticeship Law requires a minimum of 144 hours of supplemental Related Technical Instruction per year, in addition to On-the-Job Training. How does the organization plan to provide the mandatory related classroom instruction? [Click here to enter text.](#)
4. If any, what is the estimated cost of the Related Technical Instruction for the apprentice? [Click here to enter text.](#)
5. If any, what is the estimated cost of tools/supplies for the apprentice? [Click here to enter text.](#)
6. Has the organization ever conducted an occupational training program for employees before? [Choose an item.](#)

If so, identify the trade(s) and the last date(s) training was conducted. Also, provide any brief details that will contribute to a clear accounting of the organization's training activities. [Click here to enter text.](#)

7. Has the organization ever used Louisiana's post-secondary educational system for training employees? (College, vocational-technical, community college, etc.) [Choose an item.](#)

If so, provide a brief summary of the partnership: [Click here to enter text.](#)

ORGANIZATION BACKGROUND

1. Has the organization operated under any other names or DBA'S? If so, identify. [Click here to enter text.](#)
2. How many years has the organization been in operation or in business? [Click here to enter text.](#)
3. Does the organization have a FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)? Yes
If so, enter number: [Click here to enter text.](#)
4. Does the organization have a STATE OF LOUISIANA UNEMPLOYMENT INSURANCE ACCOUNT NUMBER?
[Choose an item.](#) If so, enter number. [Click here to enter text.](#)
5. Does the organization have a valid occupational license? [Choose an item.](#)
Name of License and Date of Issue: [Click here to enter text.](#)
6. Is the organization registered with the Louisiana Secretary of State? [Choose an item.](#) If so, record names of officers and offices held: [Click here to enter text.](#)
7. Is the organization presently being investigated for any non-compliance of any civil rights, equal opportunity or affirmative action federal or state regulations? [Click here to enter text.](#)
8. Has the organization, any affiliate, partner, or owner been found in violation of state or federal laws or regulations pertaining to the employment of workers within the last 5 years? [Click here to enter text.](#)

9. Is the organization **presently being investigated** for possible violation of state or federal laws or regulations pertaining to the employment of workers? [Click here to enter text.](#)

10. Has the organization been barred or suspended from bidding on or working on any public or private contract or subcontract? [Choose an item.](#) If so, state background in detail. [Click here to enter text.](#)

11. Has the organization ever been awarded or operated under contracts awarded with Davis-Bacon Act requirements, if applicable? [Choose an item.](#)

12. Does the organization plan to perform work subject to the Davis-Bacon Act? [Choose an item.](#)

13. Does the organization already have a written Affirmative Action Plan to ensure Equal Employment Opportunity in the outreach, recruitment and selection for employment of qualified minorities and females? [Choose an item.](#)

Does this plan contain a written applicant selection procedure? [Choose an item.](#)

14. Has the organization ever been awarded a state or federal government grant or contract, subsidized or unsubsidized, for the occupational training of its employees? [Choose an item.](#) If so, give background: [Click here to enter text.](#)

15. What interested the organization in applying for a registered Apprenticeship training program? [Click here to enter text.](#)

By providing signature below, the Authorized Official attests that he/she is the designated agent of the proposed Apprenticeship Sponsor properly identified on page one of this application and confirms the correctness and accuracy of the answers provided herein. Failure to fill out this application in its entirety will disqualify this application.

Please note: Acceptance of this application by the Louisiana Workforce Commission – Apprenticeship Division does not indicate approval to become a registered apprenticeship program sponsor. This is the first requirement to be considered as such. Should the proposed sponsor continue the process to develop Standards of Apprenticeship and are approved by the state Director of Apprenticeship and the State Apprenticeship Council, this entire application shall be made part of the sponsor file on record with the Louisiana Workforce Commission - Apprenticeship Division.

Authorized Official's Name

Title

Authorized Official's Signature

Date