



# Policy, Criteria, and Procedure for According Reciprocity to USDOL-OA or SAA | Registered Apprenticeship Program for Federal Purposes

## Policy

The State of Louisiana shall grant reciprocity to a Registered Apprenticeship program which has been registered by the United States Department of Labor, Office of Apprenticeship (USDOL-OA) or a recognized State Apprenticeship Agency (SAA) for federal purposes if the below criteria are met

## Criteria

A Registered Apprenticeship program sponsor seeking reciprocity in the State of Louisiana must attest that the program and individual apprentices who will work in Louisiana are properly registered with the USDOL-OA or SAA.

## Procedure

1. The Registered Apprenticeship program sponsor seeking reciprocity must contact **in writing**:

Troy Borne, Director of Work-Based Learning  
Apprenticeship Division Post Office Box 94094  
Baton Rouge, Louisiana 70804-9094

The reciprocity request shall list: the original program sponsor's name and address; the regulating U.S. Department of Labor Office of Apprenticeship or State Apprenticeship Director (name and address); and, if applicable, the state of registration.

2. Upon receiving a reciprocity request, the Louisiana Works Apprenticeship Division sends a "Petition for Reciprocity" to the appropriate U.S. Department of Labor Office of Apprenticeship or SAA Director, who helps the sponsor complete and return it to the Louisiana State Director. The form must certify the program is registered and shall comply with 29 CFR Parts 29 (Subpart A) and 30, including wage, hour, and ratio requirements under §29.13(b)(7).
3. Within 45 days after receipt of a properly completed petition, the Louisiana Works Apprenticeship Division will grant reciprocity.
4. The Louisiana Works Apprenticeship Division reserves the right to void such reciprocity should it become evident the program is no longer operating in compliance with any/all applicable state and federal apprenticeship law.

# Petition for Reciprocity

## Part I: To be Completed by Program Sponsor

Program Sponsor Name	USDOL #		
Mailing Address	City	State	Zip
Physical Address	City	State	Zip
Program Sponsor Designated Agent Name	Agent Title		
Telephone Number	Email		
Number of years program sponsor has had a Registered Apprenticeship Training Program			Registration Date

1. List the Louisiana job site location(s), including physical address, street, and city.

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2. List the occupation(s) to be trained in Louisiana.

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3. Describe how related classroom instruction will be provided for online curriculum and in-person training.

4. Will the program sponsor be conducting business under any other name(s)?  Yes  No  
If yes, provide complete name(s)?

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## Part II: To be completed by Registration Agency

1. Has the program sponsor's Registered Apprenticeship program ever been subject to possible suspension or deregistration by the USDOL-OA or any SAA?  Yes  No
2. List the occupation(s) approved by the registration agency for training by this program sponsor. If applicable, feel free to use the comment section below.

Occupation #1	# of Apprentices
Occupation #2	# of Apprentices

3. How is the program sponsor registered? (Check all that apply.)  
 Individual  Joint  Group  Non-Joint
4. **Optional:** Does the sponsor have an approved affirmative action plan?  Yes  No
5. **Optional:** Does this sponsor's program, standards, affirmative action plan and selection procedure meet all requirements set forth in 29 CFR 29 and 29 CFR 30?  Yes  No
6. Is this program in good standing with the registration agency?  Yes  No  
If no, please provide complete explanation. Attach additional sheets and all related paperwork as necessary.

Registration Agency Name			
Registration Agency Mailing Address	City	State	Zip

I certify that the named program sponsor in this Petition for Reciprocity is operating a Registered Apprenticeship program and is in compliance with all requirements set forth in Title 29 Parts 29, Subpart A, and 30 of the Code of Federal Regulations.

**Printed name and title of Authorized Representative of the Registration Agency:**

Name	Title
Signature of Authorized Representative of the Registration Agency	Date

Comment(s):

**Part III: Louisiana Works use only**

Reciprocity Granted       Reciprocity Denied

Name	Title
Signature of Louisiana Works Official	Date