



Acadiana Plumbers Association

223 Georgette St. Lafayette, LA 70506

acadianaplumbersassociation@gmail.com

Registered Apprentice Program for Plumbing

REGISTRATION FORM

NAME _____
LAST FIRST MIDDLE INITIAL

MAILING ADDRESS _____
STREET

CITY STATE ZIP CODE

EMAIL ADDRESS _____

TELEPHONE NUMBER _____
HOME CELL

SOCIAL SECURITY NUMBER _____ - _____ - _____ DOB ____/____/____

NAME OF SCHOOL ATTENDED _____

SCHOOL RECORD: _____ GRADUATED _____ WILL GRADUATE _____ GED

WILL YOUR TUITION BE SPONSORED BY YOUR EMPLOYER OR SELF?

EMPLOYER _____ SELF _____

IF EMPLOYER, WHAT IS THE NAME OF THE COMPANY? _____

PAST PLUMBING EXPERIENCE

COMPANY _____ DATES ____/____/____ TO ____/____/____

COMPANY _____ DATES ____/____/____ TO ____/____/____

COMPANY _____ DATES ____/____/____ TO ____/____/____

PROOF OF EXPERIENCE MUST BE OFFICIAL PAYROLL STATING HOURS TO RECEIVE CREDIT

CURRENT HOURLY WAGE: \$ _____

PAST PLUMBING REFERENCE

NAME	ADDRESS	CONTACT #

LOCATION: 223 GEORGETTE ST. LAFAYETTE, LA 70506

TUITION COST PER SEMESTER:

\$700 FOR APA MEMBERS

\$900 FOR NON-MEMBERS

BOOKS & SHOP FEE (ONE TIME FEE UNLESS EDITIONS ARE UPDATED BY SPBLA)

\$50 Annual Shop Fee

Modern Plumbing Book: \$100.00, Modern Plumbing Lab Book: \$50.00,

2021 IPC State Plumbing Book: \$120.00, 2021 IFGC State Plumbing Book: \$100.00,

and 2021 IRC Code Book: \$130.00

I hereby apply for enrollment at Acadiana Plumbers Association Apprentice Program. If I am accepted, I agree to comply with the rules and regulations of the school and concede to the school the right to require my withdrawal upon violation in any subsequent interviews with school personnel, any constitute adequate reason for disqualification of applicant or enrolled student. I understand that the information on this form is CONFIDENTIAL and will only be used for official school business.

Signature of Applicant

_____/_____/_____
Date

OFFICE USE ONLY:

APPLICATION FEE RECEIVED DATE ____/____/____

METHOD OF PAYMENT _____

AMOUNT RECEIVED _____



Apprenticeship Division

APPRENTICE REGISTRATION FORM

Warning: This agreement does not constitute a certification under Title 29, CFR, Part 5 for the employment of the apprentice on Federally financed or assisted construction projects. Current certifications must be obtained from the Louisiana Workforce Commission – Apprenticeship Division. (Item 22)

The program sponsor and apprentice agree to the terms of the Apprenticeship Standards incorporated as part of this Agreement. The sponsor will not discriminate in the selection and training of the apprentice in accordance with the Equal Opportunity Standards in Title 29 CFR Part 30.3, and Executive Order 11246. This agreement may be terminated by either of the parties, citing cause(s), with notification to the registration agency, in compliance with Title 29, CFR, Part 29.6

PART A: TO BE COMPLETED BY APPRENTICE. NOTE TO SPONSOR: PART A SHOULD ONLY BE FILLED OUT BY APPRENTICE

Name (Last, First, Middle) and Address (No., Street, City, State, Zip Code)	*Social Security Number (Voluntary - See reverse)	Answer Both A and B (Voluntary) (Definitions on reverse)	5. Veteran Status (Mark one) <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran
		4. a. Ethnic Group (Mark one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino b. Race (Mark one or more) <input type="checkbox"/> Am. 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	6. Education Level (Mark one) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th to 12th grade <input type="checkbox"/> GED <input type="checkbox"/> High School Graduate <input type="checkbox"/> Post Secondary or Technical Training
2. Date of Birth (Mo., Day, Yr.)	3. Sex (Mark one) <input type="checkbox"/> Male <input type="checkbox"/> Female		

7. Career Linkage or Direct Entry (Mark one) (Instructions on reverse)

<input type="checkbox"/> None	<input type="checkbox"/> Adult	<input type="checkbox"/> Youth	<input type="checkbox"/> HUD/STEP-UP	<input type="checkbox"/> Other
<input type="checkbox"/> Incumbent Worker	<input type="checkbox"/> Job Corps	<input type="checkbox"/> Dislocated Worker	<input type="checkbox"/> Direct Entry:	

8. Signature of Apprentice	Date	9. Signature of Parent/Guardian (if minor)	Date
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PART B: TO BE COMPLETED BY SPONSOR

10. Sponsor Program No. Sponsor Name and Address (No. Street, City, County, State, Zip Code)	11a. Trade/Occupation 11b. Occupation Code						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">12. Term (Hrs., Mos., Yrs.)</td> <td style="width: 33%;">13. Probationary Period (Hrs., Mos., Yrs.)</td> </tr> <tr> <td>14. Credit for Previous Experience (Hrs., Mos., Yrs.)</td> <td>16. Date Apprenticeship Begins</td> </tr> <tr> <td>15. Term Remaining (Hrs., Mos., Yrs.)</td> <td></td> </tr> </table>	12. Term (Hrs., Mos., Yrs.)	13. Probationary Period (Hrs., Mos., Yrs.)	14. Credit for Previous Experience (Hrs., Mos., Yrs.)	16. Date Apprenticeship Begins	15. Term Remaining (Hrs., Mos., Yrs.)	
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15. Term Remaining (Hrs., Mos., Yrs.)							

17a. Related Instruction (Number of Hours Per Year)	17b. Apprentice Wages for Related Instruction <input type="checkbox"/> Will Be Paid <input type="checkbox"/> Will Not Be Paid	17c. Related Training Instruction Source
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18. Wages: (Instructions on reverse)

18a. Pre-Apprenticeship Hourly Wage \$ _____

18b. Journeyworker's Hourly Wage \$ _____

18c. Apprentice's Entry Hourly Wage \$ _____

18d. Term (Hrs., Mos., Yrs.)	Period 1	2	3	4	5	6	7	8	9	10
18e. Wage Rate (Mark one) % <input type="checkbox"/> or <input type="checkbox"/>										

19. Signature of Sponsor's Representative(s)	Date Signed	21. Name and Address of Sponsor Designee to Receive Complaints (If applicable)
20. Signature of Sponsor's Representative(s)	Date Signed	

PART C: TO BE COMPLETED BY REGISTRATION AGENCY

22. Registration Agency and Address Sonya Williams, Assistant Secretary Deputy 2 Louisiana Workforce Commission – Apprenticeship Division 1001 N. 23 rd Street Baton Rouge, LA 70804	23. Signature (Registration Agency)	24. Date Registered
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25. Apprentice Identification Number (Definition on reverse):

Item 4.a. Definitions:

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 4.b. Definitions:

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.

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.

Black or African American. A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Item 7. Instructions:

Indicate any career linkage (definitions follow) or direct entry. Enter "None" if no career linkage or direct entry apply. Enter "Incumbent Worker" if the individual before becoming an apprentice was currently employed full-time by the sponsor or entities participating in the apprenticeship program. Career linkage includes participation in programs that provided employment, training and other services to adults, youth and dislocated workers. Funds for these activities are provided by the U.S. Department of Labor/Employment and Training Administration to states and local communities through their Business & Career Solutions Centers.

Adult. Also includes individuals participating in Native American Programs, and/or Migrant and Seasonal Farmworker Programs.

Youth. Includes Youth ages 16-21 years, and other concentrated Youth programs in designated areas.

Dislocated Worker. Includes an individual that has been terminated or laid off and is unlikely to return to the industry or occupation. It also includes a displaced homemaker who has been providing unpaid services to family members in the home, is no longer supported, and is unemployed or underemployed.

Job Corps. Youth ages 16-24 years usually receiving services in a residential setting.

HUD/STEP-UP. Developed in conjunction with the U.S. Department of Housing and Urban Development (HUD). The program provides the actual apprenticeship experience and the framework for moving into high-skill Registered Apprenticeship.

Direct Entry. A graduate from an accredited technical training school, Job Corps training program or a participant in a military apprenticeship program, any of which training is specifically related to the occupation and incorporated in the Registered Apprenticeship standards. Also, fill in the name of the program.

Item 11b. Occupation Code Instructions:

Enter DOT or ONET code as specified in trade pages/work processes in the Standards of Apprenticeship previously approved by the Louisiana Workforce Commission – Apprenticeship Division.

Item 16. Date Apprenticeship Begins Instructions:

Apprentices CANNOT be entered into RAPIDS (Registered Apprenticeship Program Information System) more than 45 days beyond the start date indicated in #16. Therefore, it is strongly advised that this date is recorded accurately and the form submitted to the Louisiana Workforce Commission – Apprenticeship Division within 35 days of this date.

Item 18. Wage Instructions:

18a. Pre-Apprentice hourly wage, sponsor enters the individual's hourly wage in the quarter prior to becoming an apprentice.

18b. Journeyworker's wage, sponsor enters wage per hour.

18c. Apprentice's entry hourly wage, (hourly dollar amount paid), sponsor enters this apprentice's entry hourly wage.

18d. Term, sponsor enters in each box the apprentice schedule of pay for each advancement period.

18e. Percent or dollar amount, sponsor marks one.

Note:

18b. If the employer is signatory to a collective bargaining agreement, the journeyworker's wage rate in the applicable collective bargaining agreement is identified. Apprenticeship program sponsors not covered by a collective bargaining agreement must identify a minimum journeyworker's hourly wage rate that will be the basis for the progressive wage schedule identified in item 18e. of this agreement.

18d. The employer agrees to pay the hourly wage rate identified in this section to the apprentice each period of the apprenticeship based on the successful completion of the on-the-job learning and the related instructions outlined in the Apprenticeship Standards. The period may be expressed in hours, months, or years.

18e. The wage rates are expressed either as a percent or in dollars and cents of the journeyworker's wage depending on the industry.

Example - 3 YEAR APPRENTICESHIP PROGRAM

<u>Term</u>	<u>Period 1</u>	<u>Period 2</u>	<u>Period 3</u>	<u>Period 4</u>	<u>Period 5</u>	<u>Period 6</u>
hrs., mos., yrs.	1000 hrs.	1000 hrs.	1000 hrs.	1000 hrs.	1000 hrs.	1000 hrs.
%	55	60	65	70	80	90

Example - 4 YEAR APPRENTICESHIP PROGRAM

<u>Term</u>	<u>Period 1</u>	<u>Period 2</u>	<u>Period 3</u>	<u>Period 4</u>	<u>Period 5</u>	<u>Period 6</u>	<u>Period 7</u>	<u>Period 8</u>
hrs., mos., yrs.	6 mos.	6 mos.	6 mos.	6 mos.	6 mos.	6 mos.	6 mos.	6 mos.
%	50	55	60	65	70	75	80	90

Item 25. Definition:

The apprentice identification number is a unique number generated by RAPIDS (the Louisiana Workforce Commission – Apprenticeship Division database), which is used to identify the apprentice. It replaces the social security number to protect the apprentice's privacy.

*The submission of your social security number is voluntary. 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 5., your social security number will be used to verify and certify to the U.S. Department of Labor, Employment Standards Administration, that you are a registered apprentice to ensure that the employer is complying with the geographic prevailing wage of your occupational classification. It will be used to verify your periods of employment and wages for purposes of complying with Memorandum M-02-06 of the Office of Management and Budget related to the President's Management Agenda for performance and budget integration of Federal Programs. Your response is voluntary. Failure to disclose your social security number on this form will not affect your right to be registered as an apprentice. Civil and criminal provisions of the Privacy Act apply to any unlawful disclosure of your social security number, which is prohibited.

The collection and maintenance of the data on this Form is authorized under the National Apprenticeship Act, 29 U.S.C. 50, and Code of Federal Regulations 29 Part 29.1. 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 system of records entitled Registered Apprenticeship Program Information Data System with the Louisiana Workforce Commission. Data may be disclosed to Commission personnel and/or the Louisiana State Apprenticeship Council to determine an assessment of skill needs and program information, and in connection with federal litigation or when required by law.

APPRENTICE REGISTRATION APPLICATION

PLEASE COMPLETE EACH SECTION. ALL INCOMPLETE FORMS WILL BE RETURNED.

Please indicate below which type of apprentice you will be.

Indentured **Unindentured**

INDENTURED – an apprentice that is actively enrolled in an approved apprenticeship program and of the employment of an entity with a licensed Master performing the art of plumbing and/or natural gas fitter.

UNIDENTURED – an apprentice that is of the employment of an entity with a licensed Master performing the art of plumbing and/or natural gas fitter.

APPLICANT INFORMATION

Last Name: _____ First Name: _____ MI: _____ Suffix: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Parish: _____ Date of Birth: ____/____/____

SSN: _____ - _____ - _____ Phone: (____) _____ Email: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Have you ever been convicted of a felony associated with the art of plumbing or natural gas? YES / NO (CIRCLE ONE)

If you answered yes to the above question, please contact the State Plumbing Board.

EMPLOYING ENTITY

Company Name: _____ Phone: (____) _____

Address: _____ City: _____ State: ____ Zip: _____

IF ENROLLED IN AN APPRENTICESHIP PROGRAM

Name of Apprenticeship Program: _____

SCHEDULE OF FEES

Please submit a check or money order payable to SPBLA.

Apprentice Registration Fee	\$10.00
Processing Charge	\$10.00
Total	\$20.00

PLEASE NOTE: APPRENTICE REGISTRATIONS MUST BE RENEWED EVERY YEAR!

THIS PORTION MUST BE NOTARIZED.

STATE OF LOUISIANA, PARISH OF _____.

THE APPLICANT, WHOSE NAME IS BEING SWORN, DECLARED THAT THE FOREGOING STATEMENTS SUBSCRIBED TO ARE TRUE TO THE BEST OF THEIR KNOWLEDGE AND BELIEF, THAT THEY PERSONALLY SIGNED THIS APPLICATION, AND THAT THEY HAVE READ THE STATEMENTS MADE IN THIS APPLICATION AND CAN CONFIRM THE CORRECTNESS OF THESE STATEMENTS.

I HAVE READ THE INSTRUCTIONS BEFORE COMPLETING THE APPLICATION.

APPLICANT'S SIGNATURE: _____

SUBSCRIBED AND SWORN TO BEFORE ME, THIS _____ DAY OF _____ 20_____

NOTARY SEAL

SIGNATURE OF NOTARY: _____

THIS OATH MUST BE TAKEN BEFORE AN OFFICER AUTHORIZED TO ADMINISTER OATHS.