



Elsie Arntzen, Superintendent
 Office of Public Instruction
 PO Box 202501
 Helena, MT 59620-2501
 www.opi.mt.gov

Application for Approval of Veterans Training Non-Registered Apprenticeship Program

The information listed below must be completed and returned to this office at the above address for the approval process. Please submit original of this form and one copy of any employee or apprenticeship standards.

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|--|---------------------|-----------------------|
| Name of Company, Facility, or Apprenticeship Committee | | (Area Code) Telephone |
| Postal Address | City/State/ZIP Code | |
| Physical Address | City/State/ZIP Code | |
| Training Program Manager/Company Training Officer | Title | |
| FAX Number | E-mail Address | |
| Title of Apprenticeship Program | | |
| Brief Description of Journeyman Duties | | |

1. Normal Length of Training Program: _____ (months) [Normally 24-48 months]
2. Current Base Wage Rate For Journeyman: (Per Hour) \$ _____
3. Total Number Of Journeyman Employed: _____
4. Total Number Of Apprentices: _____
4. Work Hours per Week (Normal): _____
5. Recognized Holidays: (Check)

| | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> New Years Day | <input type="checkbox"/> Presidents Day | <input type="checkbox"/> Labor Day |
| <input type="checkbox"/> Martin Luther King Day | <input type="checkbox"/> Independence Day | <input type="checkbox"/> Memorial Day |
| <input type="checkbox"/> Thanksgiving | <input type="checkbox"/> Christmas | <input type="checkbox"/> Other: _____ |

7. The Wage Schedule based on satisfactory progress is listed in Table A or Table B, indicating the actual wages or percentage of fully trained wage the Apprentice shall receive for the duration of training. (Use appropriate number of blocks to equal length of program - show prior credit granted as "credit.")

TABLE A

_____ Months @ \$ _____
 _____ Months @ \$ _____
 _____ Months @ \$ _____
 _____ Months @ \$ _____
 _____ Months @ \$ _____
 _____ Months @ \$ _____
 _____ Months @ \$ _____
 _____ Months @ \$ _____

TABLE B

_____ Months @ _____ %
 _____ Months @ _____ %
 _____ Months @ _____ %
 _____ Months @ _____ %
 _____ Months @ _____ %
 _____ Months @ _____ %
 _____ Months @ _____ %
 _____ Months @ _____ %

8. Scheduled vacation periods are as follows:

- One week after 6 months
- One week after 1 year
- Other _____
(Specify)

8. I certify the following:

- a. Signed indenture agreements will include the wage scale and training plan included in this application or amendments to this application and submitted to the State Approving Agency and the VA.
- b. A copy of the training agreement will be furnished each veteran, to include a copy of the training outline.
- c. The wages paid to a veteran are not less than the wages paid to non-veteran employees.
- d. Wages will be increased in regular periodic increments as identified in this application.
- e. Starting wages will be at least 50% of the base journeyman rate (exception only for an approved collective bargaining agreement).
- f. This establishment complies with the Standards of Apprenticeship published by the Secretary of Labor pursuant to 29 U.S.C. Part 29 and Part 30 as applicable.
- g. The veteran will be under close supervision and will be retained only if satisfactory training progress is maintained.
- h. This training will not be given to an eligible veteran who is already qualified by training and experience for the job. The length of the training period is not longer than customarily required to train a person to an average level of competency.
- i. I will advise the Department of Veterans Affairs and the Montana State Approving Agency of the entry termination, or interruption in training of a veteran or benefit eligible person.
- j. There is reasonable certainty that the job for which the veteran is trained will be available to him/her at the end of the training period.
- k. I will notify the Montana State Approving Agency or the Department of Veterans Affairs of any **proposed change** in information listed in this application, including:
 - Wage Schedule Changes
 - Training Plan Adjustments
 - Leave or Holiday Schedules
- l. The firm will maintain adequate records of employment, progress, and wages paid to the veteran and make these records, together with other such records, as required by state and federal laws, available to state and federal agencies. **Such records must be maintained for a period of three years after the trainee has completed or left training.** Should the company discontinue operations, veteran's records should be forwarded to the State Approving Agency for maintenance. Records will be maintained at (office location) _____.

THE REMAINDER OF THIS PAGE FOR STATE APPROVING AGENCY USE ONLY

**To: Education Services Officer
Department of Veteran Affairs**

1. This program meets all requirements of 38 USC 21.4262(c).
2. This program is approved as a Non-Registered apprenticeship program.
3. Original application was received on _____.
4. Effective date of approval _____.
5. There is in the training establishment adequate space, equipment, instructional material, and journeyman to provide satisfactory training on the job.
6. Date of initial inspection _____.

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| (Signature) Montana State Approving Agency | (Date) |
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