



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

Application for Approval of Veterans Training 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, one copy of BAT apprenticeship standards and one copy of any policies or procedures concerning apprenticeship training.

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. Journeyman to Apprentice Ratio Requirement: _____

4. Work Hours per Week (Normal): _____

5. Recognized Holidays: (Check)

☐ New Years Day

☐ Presidents Day

☐ Labor Day

☐ Martin Luther King Day

☐ Independence Day

☐ Memorial Day

☐ Thanksgiving

☐ Christmas

☐ Other: _____

6. The wage scale is identified on page _____ of the attached agreement.

7. Scheduled vacation periods are identified on page _____ of the attached agreement:

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 indenture 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 or apprenticeship committee discontinue operations, veteran's records should be forwarded to the State Approving Agency for maintenance. Records will be maintained at (office location)
_____.

9. Related training required: Listed on page _____ of the agreement, or below (normally a minimum of 144 hours):

Name of Program or Location of Training	Assignment Hours

10. A listing of tasks or areas to be trained and approximate number of hours in each area is shown on page _____ of the apprenticeship agreement/attachment.

I understand initial and subsequent inspections and visitations by the Montana State Approving Agency and the Department of Veterans Affairs are required.

Signature of Company Official (authorized to make above declarations)	Title	Date

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 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 _____.

(Signature)
Montana State Approving Agency

(Date)