

**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:

Stephen Peychaud, State Director of Apprenticeship  
Louisiana Workforce Commission - Apprenticeship Division  
Post Office Box 94094  
Baton Rouge, Louisiana 70804-9094

The request for reciprocity must identify the name of the program sponsor, the address of the program sponsor and the name and address of the USDOL-OA representative or State Apprenticeship Director who regulates the program and, if applicable, the name of the state in which the program is registered.

2. Upon receipt of the request for reciprocity, the Louisiana Workforce Commission – Apprenticeship Division shall forward to the USDOL-OA or SAA Director, as appropriate, a “Petition for Reciprocity” form, which he/she shall assist the program sponsor in completing for prompt return to the Louisiana State Director of Apprenticeship at the address set forth in item 1 above. The form shall certify that the program sponsor is operating a Registered Apprenticeship program and shall assure that the program, once operating in Louisiana, will comply with the standards set forth in Title 29 of the Code of Federal Regulations, Parts 29, Subpart A, and 30. This includes certifying that program sponsors seeking reciprocal approval meet the wage and hour provisions and apprenticeship ratio standards of the reciprocal state as required by 29 CFR § 29.13(b)(7)

3. Within 45 days after receipt of a properly completed petition, the Louisiana Workforce Commission - Apprenticeship Division will grant reciprocity.

4. The Louisiana Workforce Commission - 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.

**LOUISIANA WORKFORCE COMMISSION  
APPRENTICESHIP DIVISION**

**PETITION FOR RECIPROCITY**

**Part I - To be Completed by Program Sponsor**

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Program Sponsor Name

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Mailing Address City State Zip

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Physical Address City State Zip

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Program Sponsor Designated Agent Name and Title

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Telephone Number FAX Number Email address

Number of years program sponsor has had a Registered Apprenticeship Training Program:

Registration Date:

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1. Louisiana job site location(s): Use reverse side if needed

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Physical Address City or nearest City

2. Occupation(s) to be trained in Louisiana: Use reverse side if needed

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3. Describe how related classroom instruction will be provided?

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 \_\_\_\_\_

If yes, describe the nature of the violation(s) and the investigation's outcome: Use reverse side if needed:

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2. List the occupation(s) approved by the registration agency for training by this program sponsor:  
Use reverse side if needed:

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Occupation #1	# of Apprentices
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3. How is the program sponsor registered? (Check all that apply)

- Individual                       Joint  
 Group                               Non-Joint

4. Does the sponsor have an approved affirmative action plan?

Yes \_\_\_\_\_ No \_\_\_\_\_

5. 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, if necessary and attach all related paperwork as necessary.

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Name of Registration Agency:

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Address of Registration Agency:

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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

Comments (Attach additional sheets, if necessary)

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**Part III - Louisiana Workforce Commission use only**

[  ] Reciprocity Granted

[  ] Reciprocity Denied

\_\_\_\_\_ / \_\_\_\_\_

Name

Title

\_\_\_\_\_  
Signature of Louisiana Workforce Commission Official

\_\_\_\_\_  
Date

LP-PETITION FOR RECIPROCITY (rev. 12/18)