

November 9, 1982

<p>U.S. DEPARTMENT OF LABOR EMPLOYMENT AND TRAINING ADMINISTRATION</p> <p>Bureau of Apprenticeship and Training Washington, D.C. 20213</p> <p>Symbols: TDTN:PHV</p>	<p><u>Distribution:</u></p> <p>A-544 A-547</p>	<p><u>SUBJECT:</u> <u>CODE:</u> 400</p> <p>Apprenticeability Request Form</p>
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PURPOSE: Since the last revision of the Apprenticeability Information Request Transmittal in 1973, and with the publication of Title 29 CFR Part 29 in 1977, it has become necessary to obtain additional information from Bureau staff requesting apprenticeability determinations for occupations. This Circular is issued to update the form currently being used for this purpose.

BACKGROUND: The need to recognize new occupations as apprenticeable continues to grow in order to keep pace with technological advances, and to assure a supply of skilled workers adequate to meet community demands.

Bureau staff should give consideration to occupations in all industries, which involve manual, mechanical or technical skills and knowledge, and which require a minimum of 2000 hours of on-the-job work experience.

The occupations should be listed in the 4th Edition of the Dictionary of Occupational Titles (DOT) or its supplements. Occupations not listed in the DOT should first be submitted to the U.S. Employment Service with a request for an occupational analysis to determine the feasibility of issuing a DOT Code.

ACTION: In requesting apprenticeability approval of an occupation, it should be ascertained that ALL of the criteria for apprenticeable occupations as outlined in Title 29 CFR Part 29.4 are met, and that ALL of the questions on the Apprenticeability Request form are answered. The information submitted, supported by surveys of industry, will serve as the basis for determining the acceptability of proposed apprenticeable occupations.

Completed Apprenticeability Request forms should be submitted, through channels, to the Division of National Industry Promotion. A Copy of the form is attached to this Circular. Additional copies may be reproduced.

This Circular cancels Circular 73-15, Code 400, dated June 26, 1973, and is effective immediately.

Attachment



BUREAU OF APPRENTICESHIP AND TRAINING
EMPLOYMENT AND TRAINING ADMINISTRATION
U. S. DEPARTMENT OF LABOR
APPRENTICEABILITY REQUEST FORM

Occupation Title(from 4th Edition DOT): _____

DOT Code: _____ SVP: _____ RML: _____ SIC Code: _____ Proposed Term: _____

Is this occupation part of a recognized apprenticeable occupation? Yes No

If yes, how is separate apprenticeability recognition justified? _____

Proposed Sponsor(name, address, and contact person): _____

Estimated number of apprentices to be trained by this sponsor: _____

Estimated number of workers in this occupation(State-wide): _____

Estimated number of employers using this occupation: _____

Union involved, if any(name, address, and contact person): _____

Does this union support apprenticeability of this occupation? Yes No

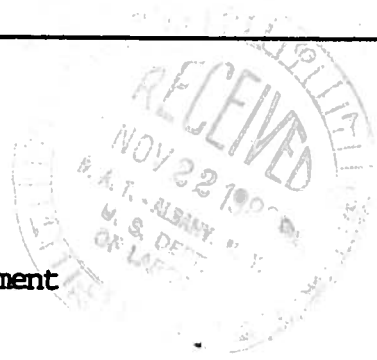
Employer association involved, if any(name, address, and contact person): _____

Does this association support apprenticeability of this occupation? Yes No

Has this sponsor previously recognized and undertaken formalized training in this occupation? Yes No. If yes, when, and for what term of training? _____

Codes:

- DOT = Dictionary of Occupational Titles
- SVP = Specific Vocational Preparation
- RML = Reasoning, Mathematical, and Language Development
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Briefly describe the occupation -- what the worker does, how it is performed, and the skills involved: _____

Additional comments in support of apprenticeability of this occupation: _____

Attach an outline of the work processes in which the apprentices will receive training, show the approximate time to be spent in each major process.

Attach an outline of the related technical instruction to be provided; include the estimated total number of hours.

Submitted by: _____

Title: _____

Location: _____ Date: _____

State Director: _____ Date: _____

Regional Director: _____ Date: _____

Chief, Division of National Industry Promotion: _____

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