



NEW JERSEY ELIGIBLE TRAINING PROVIDER LIST (ETPL) REGISTERED APPRENTICESHIP (RA) APPLICATION

Instructions: Please complete the enclosed application in its entirety. Incomplete or handwritten applications will be returned to you for completion, which may delay your ETPL listing. Any questions regarding this application may be submitted to njtopps@dol.nj.gov.

Completed packets must be submitted using ONE of the following methods:

Email:

njtopps@dol.nj.gov

This is the preferred method of delivery.

OR

Overnight Mail:

New Jersey Department of Labor & Workforce Development
Center for Occupational Employment Information
Eligible Training Provider List
1 John Fitch Way, 5th Floor
Trenton, New Jersey 08625

Regular Mail:

New Jersey Department of Labor & Workforce Development
Center for Occupational Employment Information
Eligible Training Provider List
PO Box 057, 5th Floor
Trenton, New Jersey 08625-0057

Facsimile:

(609) 292-2142

ETPL Registered Apprenticeship Application
Section I – Program Sponsor Information

Name of Program Sponsor: _____

Federal ID Number (FEIN): _____

Training Site Address: _____

Training Site Address *(continued)*: _____

City, State, Zip Code: _____

County: _____

Name of Related Technical Instruction (RTI) Provider: _____

(if different than Program Sponsor)

RTI Address: _____

RTI City, State, Zip Code: _____

Contact Person Name: _____

Contact Person Title: _____

Phone Number: _____ FAX Number: _____

Website Address: _____

Email Address: _____

If RA does not provide RTI portion of the apprenticeship, please provide the following:

Name of Education Provider: _____

Address of Education Provider: _____

Address *(continued)*: _____

City, State, Zip Code: _____

Number of Active Apprentices: _____

ETPL Registered Apprenticeship Application
Section II – Apprenticeship Occupation Information

Instructions: Please complete a separate page for each apprenticeship occupation you are seeking to be placed on the ETPL. This section may be duplicated as needed.

Occupation for which Apprentice(s) will be trained: _____

CIP Code of RTI Portion: _____ Total RTI Hours: _____

Total Cost of Instruction: _____ OJT Calendar Length: _____

The method of apprenticeship instruction to appear on the ETPL in 250 words or less:

Type of Apprenticeship: Time-Based Competency-Based Hybrid

• Please indicate required hours: OJT _____ RTI _____

(Optional) Description of special features of the program in 250 words or less:

Contact Person Name: _____

Contact Person Title: _____

Contact Person Phone Number: _____

Certification:

By signing this document, I certify that the provided information is true to the best of my knowledge and belief.

Signature: _____

Date Signed: _____