



Rhode Island Department of Labor & Training
 State Apprenticeship Council
 1511 Pontiac Avenue Building #70
 PO Box 20247
 Cranston, RI 02920-0943
 www.dlt.ri.gov/apprenticeship



INFORMATIONAL DATA SHEET

1. Name of company: _____
2. Address: _____
3. Company telephone and fax number: _____ / _____
4. Email address: _____
5. Tax Identification number: Federal: _____ State: _____
6. Do you have an apprenticeship program in another state? Yes ___ No ___
 If yes, please provide program number and a ratio sheet listing Rhode Island licensed masters, journeypersons, and registered apprentices. Program #: _____
7. Products made or services rendered: _____
8. Trade(s) in which training is to be given: _____
9. Wage rate of skilled journeypersons: Per hour: _____
10. Present number of employees: _____ Total minority: _____ Total women: _____
11. Skilled journeypersons employed in trade: Total ___ Minority: ___ Women: ___
12. Term of Apprenticeship: _____ Potential number of apprentices: _____
13. Do you have veterans employed seeking to become apprentices? Yes ___ No ___
14. Do you have a bargaining agreement with your employee's? Yes ___ No ___
15. If yes, provide name, address, and phone number of employee organization:

16. Have you the adequate equipment, type of work, and personnel to train in all the required skills of the trade? Yes ___ No ___
17. Apprentices are required to attend classes of related instruction for a minimum of 144 hours for each year of apprenticeship. Related instruction will take place at:

(Name of related instruction provider)

Company
 Company: _____

Union Affiliation
 Union: _____

(Print name of authorized representative)
 Title: _____

(Print name of authorized representative)
 Title: _____

Date: _____

Date: _____

Signature of Authorized Representative: _____