

ADWS Registered Apprenticeship Fillable Form

Please Note: Type your information in the spaces on the righthand column. Sign the form, scan and email it to the addresses at the bottom.

The information below will be displayed on the ADWS website as official contact information.

Completion and submission of this form indicates your decision to be placed on the State's list of Eligible Training Providers (ETPs) under the Workforce Innovation and Opportunities Act (WIOA).

Section I: Contact Information

Name:	
Title:	
Telephone:	
Email:	

Section II: Apprenticeship Information

A. Program Sponsor Information

DOL Approved (Yes/No):	
Sponsor Name:	
RA #:	
Physical Address:	
Mailing Address:	
Telephone:	
Fax:	
Email:	
Website: Address (URL):	
Instruction Provided In-house by Sponsor or Second Party:	

B. Technical Instruction Provider

Name:	
Physical Address:	
Mailing Address:	
Telephone:	
Fax:	
Email:	
Website: Address (URL):	

C. General Information

Occupation:	
CIP:	
Method of Instruction:	
Total Length of Technical Instruction:	
Cost to Provide Training:	
# of Active Apprentices:	

Section III: Certification

I certify that the information provided on this form is correct and verifiable.

Signature:	
Date:	

Please email your completed form to both addresses below.

Email to: WIOA@arkansas.gov and Beverly Lovett, Deputy Assistant Director, ADWS, Office of Employment Assistance, Beverly.Lovett@arkansas.gov