

STATE OF OREGON
 Bureau of Labor and Industries – Apprenticeship and Training Division
 State Approving Agency (SAA)

APPLICATION FOR APPROVAL TO TRAIN VETERANS – OJT Training Program
 Title 38 United States Code, Section 3687 (38 CFR 21-4262)

NAME OF FACILITY	
ADDRESS <i>(list both physical and mailing address if different)</i>	TELEPHONE NUMBER
ADDRESS WHERE RECORDS WILL BE KEPT	TELEPHONE NUMBER
NAME AND TITLE OF CONTACT PERSON(S) <i>(add additional rows as needed)</i>	EMAIL ADDRESS

OJT TRAINING PROGRAM(S) *(must be at least 6 months and no more than 2 years/2,000 OJT hours)*

1. JOB OBJECTIVE(S) & ESTIMATED TRAINING PERIOD(S):

Occupation <i>(add or delete rows as needed)</i>	OJT hours

2. Is the program registered by the U.S. Department of Labor? **Yes** **No**
 If yes provide registration number and skip to #7: N/A

3. Attach a training outline listing the major work processes to be learned and the approximate hours allocated to each process. Jobsite training is to be included.

See Section 5 of attached standard(s)

4. Attach an outline of the supplemental related instruction including safety instruction. Indicate the manner in which the instruction is to be provided (classroom, vendor, correspondence, etc.) and provide the length in hours, the schedule of attendance if by classroom and/or the schedule of completion of lessons if by correspondence.

See Section 6 of attached standard(s)

Provide the name and address of the agency providing the instructor if different from the employer or sponsor *(indicate 'N/A' if same)*:

5. Attach a wage schedule listing the beginning and journey level wage, with progressive

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13. Attach a copy of the completion certificate issued to the veteran at the end of training.

SAA issues certificates

CONDITIONS

14. I understand and agree to the following if approved for the training of veterans:
- a. The attached program standard(s) is/are a mandatory part of this agreement.
 - b. The State Approving Agency (SAA) will be notified of any changes to the standard(s), wage schedule(s), and/or training site(s).
 - c. A copy of the signed agreement for each veteran, including the standard and wage schedule as approved by the SAA, will be provided by the program to the veteran, the Department of Veterans' Affairs (DVA), and the SAA.
 - d. Records will be maintained for each veteran and will be made available for inspection by the DVA and the SAA.
 - e. The program will notify the DVA and SAA when each veteran completes or is terminated from the program.

NAME (Print): _____

TITLE (Print): _____

SIGNATURE: _____

DATE: _____

Documents attached:

- Designation of Certifying Official(s)**
- Standard(s)**
- MPR form(s)**
- Agreement form(s)**
- ATD inspection visit report**