

Screen Shots for Form 671 Section I – Program Registration

The screenshot shows the RAPIDS (Registered Apprenticeship Partners Information Data System) interface. At the top, a navigation bar includes 'Home', 'Programs', 'Apprentices', and 'Certifications'. A search bar is located below the navigation bar, with 'Apprentices' selected in the dropdown menu. The search results table shows one entry with the following details:

Number	Org. ID ▲▼	Program Number ▲▼	Sponsor Name ▲▼	ATR ▲▼	Status ▲▼	Assign To	Preview
1.	S50	MI0090	ELECTRIC	MI010	Registered		

Below the table, a public burden statement is displayed in a browser window. The statement is titled 'OMB No. 1205-0223 ETA form 671, Program Registration Section I Expires: 01-31-2012'. The text of the statement reads: 'Public Burden Statement – Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average ten minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond is required to obtain or retain benefits under 29 USC 50. Send comments regarding this burden or any other aspect of this collection of information including suggestions for reducing this burden to the U.S. Department of Labor, Office of Apprenticeship, 200 Constitution Avenue, N.W., Room N-5311, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0223).'

Figure 1. Program Registration Public Burden Statement



RAPIDS

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Search: For: [Advanced Search](#)

Program Registration

1 Sponsor Information	2 Program Information	3 Add Occupation Information	4 RTI Information	5 Electronic Signature
1. Sponsor Information				
Organization:* <input type="text"/> ? (Enter no more than 60 characters)				
Address:* <input type="text"/> (Enter no more than 60 characters)				
City:* <input type="text"/>				
State:* <input type="text" value="Select a State"/>				
Zipcode:* <input type="text"/> - <input type="text"/> (Ex. 00000 - 00000)				
EIN: <input type="text"/> (Ex. 99-9999999) ?				
Name and Address of Sponsor Designee to Receive Complaints(if applicable)				
Name: <input type="text"/>				
Address: <input type="text"/> (Enter no more than 60 characters)				
City: <input type="text"/>				
State: <input type="text" value="Select a State"/>				
Zipcode: <input type="text"/> - <input type="text"/> (Ex. 00000 - 00000)				

Figure 2. Form 671 Section I (partial) Sponsor Information



RAPIDS

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Home Programs Apprentices Reviews Report Certifications
Register Assign Transfer Cancel Approve

Search: Apprentices For: Type your text here after selection Go Advanced Search

Program Details: IR100003009 - AAAAA

1 Sponsor Information	2 Program Information	3 Add Occupation Information	4 RTI Information	5 Electronic Signature
2. Program Information				
Program Type: Select a Program Type ?				
Local Bargaining Agency: <input type="text"/>				
National Affiliation: <input type="text"/> <input type="button" value="Choose a National Affiliation"/>				
Number of Employers: <input type="text"/> Waiver: <input type="radio"/> Yes <input checked="" type="radio"/> No				
Size of Workforce: <input type="text"/>				
Affirmative Action Plan?: <input type="radio"/> Yes <input checked="" type="radio"/> No ?				
Selection Procedure?: <input type="radio"/> Yes <input checked="" type="radio"/> No ?				
NAICS Code: Select a NAICS Code...				
Products/Services: <input type="text"/> (Enter no more than 60 characters)				
Prisoner/Sheltered Workshop Indicator: <input type="radio"/> Yes <input checked="" type="radio"/> No ?				
Program Sponsor is a "Green Jobs" Supporting Employer: <input type="radio"/> Yes <input checked="" type="radio"/> No ?				
Program Sponsor is participating in activities related to the "Recovery Act" of 2009 : <input type="radio"/> Yes <input checked="" type="radio"/> No ?				
Program Sponsor Contact Information				
Name: <input type="text"/> (Enter no more than 60 characters)				
Address: <input type="text"/> <input type="checkbox"/> Same as Sponsor's address (Enter no more than 60 characters)				
City: <input type="text"/>				
State: Select a State				
Zipcode: <input type="text"/> - <input type="text"/> (Ex. 00000 - 0000)				
Phone: Phone: <input type="text"/> (Ex. 000-000-0000) Ext: <input type="text"/>				
Cell Phone: Phone: <input type="text"/> (Ex. 000-000-0000)				
Fax: Phone: <input type="text"/> (Ex. 000-000-0000)				
E-mail: <input type="text"/> (Ex.: john@doe.com or jane@doe.com)				
Program Address				
Program Name: <input type="text"/>				
Address: <input type="text"/> <input type="checkbox"/> Same as Sponsor's address (Enter no more than 60 characters)				
City: <input type="text"/>				
State: Select a State				
Zipcode: <input type="text"/> - <input type="text"/> (Ex. 00000 - 0000)				
Significant Dates				
Registration Date: 12/20/2011 (Ex. MM/DD/YYYY) ?				

* denotes required fields



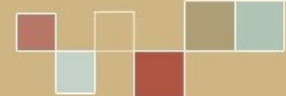
Figure 3. Form 671 Section I (continued) Program Information



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Search: Apprentices For: Go [Advanced Search](#)

Program Details: IR100003009 - AAAAA

1 Sponsor Information	2 Program Information	3 Add Occupation Information	4 RTI Information	5 Electronic Signature
3. Add Occupation Information				
Occupation Type:* <input type="text" value="Select an Occupation Type"/> ?				
Occupation:* <input type="text" value="Select an Occupation"/> ?				
Probation Length:* <input type="text"/> ?				
Written STA Agreement?:* <input checked="" type="radio"/> Yes <input type="radio"/> No ?				
Journeyworker Wage:* \$ <input type="text" value="0.00"/> ? <input checked="" type="radio"/> Hourly <input type="radio"/> Monthly <input type="radio"/> Annually				
Journeyworkers Employed				
Female:* <input type="text"/>				
Minority:* <input type="text"/>				
Youth:* <input type="text"/>				
Journeyworkers:* <input type="text"/>				

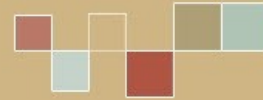
* denotes required fields

Figure 4. Form 671 Section I (continued) Add Occupation Information/Journeyworkers Employed



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Search: Apprentices For: Type your text here after selection Go [Advanced Search](#)

Program Details: IR100003009 - AAAAA

- 1** Sponsor Information
- 2** Program Information
- 3** Add Occupation Information
- 4** RTI Information
- 5** Electronic Signature

3. Occupation Information

Occupation: AGRICULTURAL SERVICE WORKER
 Term Length: 4000
 Probation Length: 200
 Written STA Agreement?: Yes
 Journeyworker Wage: 10 / Hour

Journeyworkers Employed

Female: 2
 Minority: 1
 Youth: 0
 Journeyworkers: 4

3A. Wage Schedule Information

Please Enter Wage Schedule Information. (You Can Enter Up To 4 Wage Schedules)

Wage Schedule	Increment Type	Start Date	Number of Periods
1.	* <input type="text" value="Percent of Journey Wage"/>	* <input type="text" value="MM/DD/YYYY"/> (Ex. <input type="text" value="MM/DD/YYYY"/>)	* <input type="text" value=""/>
2.	* <input type="text" value="Percent of Journey Wage"/>	* <input type="text" value="MM/DD/YYYY"/> (Ex. <input type="text" value="MM/DD/YYYY"/>)	* <input type="text" value=""/>
3.	* <input type="text" value="Percent of Journey Wage"/>	* <input type="text" value="MM/DD/YYYY"/> (Ex. <input type="text" value="MM/DD/YYYY"/>)	* <input type="text" value=""/>
4.	* <input type="text" value="Percent of Journey Wage"/>	* <input type="text" value="MM/DD/YYYY"/> (Ex. <input type="text" value="MM/DD/YYYY"/>)	* <input type="text" value=""/>

* denotes required fields



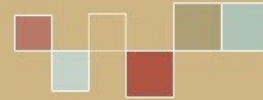
Figure 5. Form 671 Section I (continued) Add Occupation Information/Wage Schedule Information



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Search: Apprentices For: Type your text here after selection [Advanced Search](#)

Program Details: IR100003009 - AAAAA

- 1** Sponsor Information
- 2** Program Information
- 3** Add Occupation Information
- 4** RTI Information
- 5** Electronic Signature

3. Occupation Information

Occupation: AGRICULTURAL SERVICE WORKER
 Term Length: 4000
 Probation Length: 200
 Written STA Agreement?: Yes
 Journeyworker Wage: 10 / Hour

Journeyworkers Employed

Female: 2
 Male: 1
 Youth: 0
 Journeyworkers: 4

3A. Wage Schedule Information

Please Enter Wage Schedule Information. (You Can Enter Up To 4 Wage Schedules)

Wage Schedule	Increment Type	Start Date	Number of Periods
1.	Percent of Journey Wage	12/20/2011	4

3B. Wage Schedule Term Information

Wage Schedule No.1

Period	1	2	3	4
Term in Hours	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>
Percentage	* % <input type="text"/>	* % <input type="text"/>	* % <input type="text"/>	* % <input type="text"/>

* denotes required fields



Figure 6. Form 671 Section I (continued) Add Occupation Information/Wage Schedule Information



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Search: Apprentices For: Type your text here after selection Go Advanced Search

Program Details: IR100003009 - AAAAA

1 Sponsor Information	2 Program Information	3 Add Occupation Information	4 RTI Information	5 Electronic Signature
RTI Provider Information				
Occupation:* <input type="text" value="AGRICULTURAL SERVICE WORKER"/>				
Instruction Method:* <input type="text" value="Select Instruction Method"/>				
Are Wages Paid During RTI? <input type="radio"/> Yes <input checked="" type="radio"/> No				
Total Length of Instruction:* <input type="text"/> hours				
Hours Instruction Provided? <input checked="" type="radio"/> During Work Hrs <input type="radio"/> During Non-Work Hrs <input type="radio"/> During Work & Non-Work Hours				
Provider Type (Mark one or more):* <input type="checkbox"/> Sponsor <input type="checkbox"/> Community College <input type="checkbox"/> Technical School <input type="checkbox"/> Vocational School <input type="checkbox"/> Correspondence <input type="checkbox"/> Web Based <input type="checkbox"/> Other <input type="text"/>				
RTI Provider Contact Information				
Provider: <input type="text" value="Select a Provider"/>				
Name:* <input type="text"/>				
Address:* <input type="text"/> (Enter no more than 60 characters)				
City:* <input type="text"/>				
State:* <input type="text" value="Select a State"/>				
Zipcode:* <input type="text"/> - <input type="text"/> (Ex. 00000 - 0000)				
Website (URL): <input type="text"/> (Ex.:http://companywebsite.com)				
Contact Name:* <input type="text"/>				
Contact Phone:* <input type="text"/> (Ex. 000-000-0000)				
E-mail: <input type="text"/> (Ex.: john@doe.com or jane@doe.com)				

Save & Continue


Quit

* denotes required fields



Figure 7. Form 671 Section I (continued) RTI Information

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Search: Apprentices For: Type your text here after selection [Advanced Search](#)

Program Details: IR10003009 - AAAAA

1 Sponsor Information
2 Program Information
3 Add Occupation Information
4 RTI Information
5 Electronic Signature

Sponsor Information

Organization: AAAAA

Address: 123 THUS STREET

City: HOMIE TOWN

State: MI

Zip Code: 11111

Elt: -

Name and Address of Sponsor Designee to Receive Complaints (if applicable)

Name:

Address:

City:

State:

Zip Code:

Program Information

Program Type: Group Joint

Bargaining Agency: dddd National Affiliation: dddd

Number of Employers: 1 Waiver: No

Size of Workforce: 5

Affirmative Action Plan?: No

Selection Procedure?: No

NAICS Code: 111333

NAICS Title: Strawberry Farming

Products/Services: Strawberries

Prisoner/Sheltered Workshop Indicator: No

Program Sponsor is a "Green Jobs" Supporting Employer: No

Program Sponsor is participating in activities related to the "Recovery Act" of 2009: No

Program Sponsor Contact Information

Name: NAME1

Address: 123 THUS STREET

City: HOMIE TOWN

State: MI

Zip Code: 11111

Phone: Extension:

Fax:

E-mail:

Program Address

Program Name:

Address: 123 THUS STREET

City: HOMIE TOWN

State: MI

Zip code: 11111

Significant Dates

Registration Date: 12/20/2011

Occupation Information

Occupation	Type	Term Hours	Probation	Journeyworker Wage	Journeyworkers	Wage Schedule	
1. AGRICULTURAL SERVICE WORKER (0703)	Time	4000	200	\$10.00	4	View	<input type="button" value="Update"/> <input type="button" value="Delete"/>

RTI Information

Provider Name	Occupation Code	Method	Length of Instruction	Provider Type	
1. Lansing Community College	0703	Community College	200	Community College	<input type="button" value="Update"/> <input type="button" value="Delete"/>
2. Lansing Community College	0703	Community College	200	Community College	<input type="button" value="Update"/> <input type="button" value="Delete"/>

Current Status Information

Status: Incomplete Data

Status Last Updated: 12/20/2011

Status Last Updated by: MI001

Electronic Signature

Sign this registration by clicking the box below. By signing here you are acknowledging that the information you have entered is accurate to the best of your knowledge.

GLENN BIVINS - MI001

Electronic Signature *

* denotes required fields

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Figure 8. Form 671 Section I (continued) Electronic Signature

Current Status Information
Status: Incomplete Data
Status Last Updated: 12/20/2011
Status Last Updated by: MI001
Electronic Signature
Sign this registration by clicking the box below. By signing here you are acknowledging that the information you have entered is accurate to the best of your knowledge.
GLENN BIVINS - MI001
<input type="checkbox"/> Electronic Signature *

Figure 9. Form 671 Section I (continued) Sponsor/ATR Electronic Signature partial page