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| **General Sponsor Information:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provider Name: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Federal ID Number (FEIN): | | | | | | | | |  | | | | | | | Number of Active Apprentices: | | | | | | | | | | | |  |
| Address1: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address2: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: |  | | | | | | | | | | | | Phone Number: | | | | | |  | | | | | | | | | |
| County: |  | | | | | | | | | | | | State: | |  | | | | | | | Zip code: | | |  | | | |
| Type of Business: | |  | | | | | | | | | | | Website Address: | | | | | | | |  | | | | | | | |
| Contact Person Name: | | | | |  | | | | | | | | | | | | | | | | | | Phone Number: | | | |  | |
| Apprenticeship Registration Date: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Describe the Program (Optional): | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
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| **Billing Address (If Different from above):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address1: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address2: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: |  | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |
| County: |  | | | | | | | | | | | | State: | |  | | | | | | | Zip code: | | |  | | | |
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| **Consumer Reporting Services (CRS):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Primary Sponsor?: | | |  | | | | | Yes, this is the primary sponsor. | | | | | | | | |  | | | No, this is not the primary sponsor. | | | | | | | | |
| Sponsor County (if different from above): | | | | | | | | | | | |  | | | |  | | | | | | | |  | | | | |
| Sponsor Ownership: | | | |  | | | | | | | | | | | | | | | | | | |  | | |  | | |
| Pell Grant Eligible: | |  | | | | Yes, Pell Grant Eligible. | | | | | | | |  | No, Not Pell Grant Eligible. | | | | | | | | | | | | | |
|  | |  | | | | Not Applicable. | | | | | | | | | | | | | | | | | | | | | | |
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| **Apprenticeship Program Information (Instruction Portion):** | | | | | | | | | | | | | | | | | | | | | | | |
| CIP Code: |  | | | | | | | | Occupation Name: | | | | |  | | | | | | | | | |
| [Search Classification of Instructional Program Codes](https://nces.ed.gov/ipeds/cipcode/search.aspx?y=55) | | | | | | | | | | | | | | |  | | | | |  | | | |
| Does the training lead to a Green Job: | | | | | | | | Yes | | | | | No | | | | | [BLS definition of Green Jobs.](http://www.bls.gov/green/green_definition.pdf) | | | | | |
| ***Name and Address of Related Technical Instruction Provider if Different from Sponsor:*** | | | | | | | | | | | | | | | | | | | | | | | |
| Provider Name: | |  | | | | | | | | | | | | | | | | | | | | | |
| Address1: | |  | | | | | | | | | | | | | | | | | | | | | |
| Address2: | |  | | | | | | | | | | | | | | | | | | | | | |
| City: | |  | | | | | | | | | Phone Number: | | |  | | | | | | | | | |
| County: | |  | | | | | | | | | State: | | |  | | | | | Zip code: | |  | | |
| Attain Credential: | | |  | | | | | | | | | | | | | | | | | | | | |
| Date Program First Offered: | | | | | |  | | | | Pell Grant Eligible: | | | | | | | Yes | | | | | | No |
| Duration of Instruction: | | | |  | | | Duration Type: | | | | |  | | | | Day or Night Classes: | | | | | |  | |
| Frequency of Instruction: | | | | |  | | | | | | | | | | | | | | | | | | |
| Describe the minimum entry level requirements or prerequisites in 800 characters or less: | | | | |  | | | | | | | | | | | | | | | | | | |

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| **Apprenticeship Program Information (Work-Based Learning/On-the-Job Training Portion):** | | | | | | | |
| Program/Service/Occupation Name: | | | |  | | | |
| Green Job Training: | Yes | | No | | [BLS definition of Green Jobs.](http://www.bls.gov/green/green_definition.pdf) | | |
| Attain Credential: |  | | | | | | |
| Duration of Work-Based Portion: | |  | | | | Duration Type: |  |