



# STATE APPRENTICESHIP OFFICE



## MISCELLANEOUS APPRENTICESHIP REGISTRATION

(This form is a fillable PDF, you can type in the form and email it or print it and fill it out.  
Submit complete form to State Apprenticeship Office. Do not send copies or submit it via fax)

TRADE: \_\_\_\_\_ Date: \_\_\_\_\_

Apprentice Name (Last, First, Middle): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Social Security # \_\_\_\_\_ Rapids #: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

It is understood that National Apprenticeship Standards will govern this Apprenticeship and that it is subject to registration with the Arkansas Office of the United States Department of Labor / Office of Apprenticeship. The employer agrees to make every reasonable effort to keep the apprentice employed and to assist him/her in related study and instruction. The apprentice agrees to make every effort to complete his/her training which includes related training, or study, according to "OPERATIONAL GUIDELINES FOR APPRENTICE TRAINING".

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_  
Employer

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_  
Apprentice

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or guardian, if under 18 years of age

### THIS SECTION MUST BE COMPLETED BEFORE REGISTRATION IS COMPLETE

School Name: \_\_\_\_\_ Location: \_\_\_\_\_

This is to certify that applicant \_\_\_\_\_ has entered into an apprenticeship agreement with the above-named school for the purpose of learning the trade. He/She agrees to abide by and conform to the conditions of apprenticeship set forth by this school.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_  
Committee or School Officials