

APPLICATION FOR PLACEMENT ON THE ELIGIBLE TRAINING PROVIDER LIST (ETPL)

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| PLEASE COMPLETE THE FOLLOWING INFORMATION AND SEND TO DAS ETPL@dir.ca.gov | |
| or mail to DIVISION OF APPRENTICESHIP STANDARDS P.O. Box 420603, San Francisco, CA 94142 | |
| GENERAL INFORMATION | |
| Program File Number | 00000 |
| Program File Name | |
| Program Address | |
| Crafts Trained name and Onet code | |
| Green Job training Provided (Y/N) | Email Address |
| WIOA Program (Y/N) | |
| Pell Grant Eligible (Y/N) | |
| SERVICE INFORMATION | |
| Duration of program total number of hours | |
| Duration type in weeks, hours or months | |
| Day or Night Classes or both | |
| Weekend classes (Y/N) | |
| Mode of Delivery | |
| COURSE INFORMATION | |
| Total RSI hours per year | |
| Minimum Class size | |
| Maximum Class size | |
| Class Frequency | |
| Resources required (Y/N) | |
| PROGRAM/PROVIDER INFORMATION | |
| Representative's Contact name | |
| Representative's Title | |
| PROGRAM CREDENTIALS | |
| College Credit Earned (Y/N) | |
| List all Minimum Entry Level requirements and prerequisites | |
| Describe any equipment used in this program | |
| PROGRAM SERVICE COST DETAILS | |
| Total Program Tuition | |
| Books | |
| Tools | |
| Other Costs | |

Yes, Please submit this program for WIOA Approval

Signature _____

Date _____