

## Industry Recognized Apprenticeship Employer/Sponsor Application



## **General Information**All fields in this section are required

Sponsor Name		Program Name		
Mailing Address				
City	State		Zip Code	
Industry Sector				
Occupation/Job Role(s)				
		f Contact ection are required.		
		<b>-</b>		
Name		Title		
Email Address		Phone Number		
Compl	<b>Employer</b> ete this section only if the	Information employer differs fro	om the sponsor.	
Employer Name		Contact		
Email				
Mailing Address				
City	State		Zip Code	
Program Information  Please provide details for each occupation/job role. Each program must include at least one credential.  If you have more than one, please list them.				
Job Role/Occupation		Credential Organization	Name of Course & Organization/Publisher/Author	
	& issuing (	Jigariizatiori	& Organization/Publisher/Author	

Fees

Program Fee: One-Time Fee

For application, one occupation/job role, annual reporting and annual review

\$1,600

Additional Occupation/Job Role(s): One-Time Fee

\$500 for each additional

Once your application has been received and reviewed, we will contact you to make arrangements for payment.

## **Submission Details**

Sign	
Date	

Complete this document and submit it, along with any necessary supporting documentation via email to tatkinson@northweststate.edu or mail to:

Custom Training Solutions
Attention: Tori Atkinson
22600 OH–34. Archbold. OH 43502

Once your application and payment details have been received, we will contact you with additional information and next steps.