



# New Trainee Registration

FHWA-1273; 29 CFR 5.16; 23 CFR 230 App B, Subpart A

**Instructions:** Registration form must be submitted to RIDOT's OCR for each NEW proposed enrollee prior to their start date with copy of DLT Program Registration & Apprenticeship Agreement or card. Trainee apprenticeship registration agreement and/or card must be attached. If a portion of the OJT goal was subcontracted out, the Prime Contractor is required to submit this form for approval on behalf of the subcontractor. Documented Good Faith Efforts (TR11) must be submitted, if registering trainee outside of approved criteria. RIDOT OCR approval is required prior to trainee(s) starting on site work.

## CONTRACT INFORMATION

RI Contract Number \_\_\_\_\_  
 Contract Name \_\_\_\_\_  
 Contractor Name \_\_\_\_\_ Prime Contractor \_\_\_\_\_ Subcontractor \_\_\_\_\_

## APPROVAL IS REQUESTED TO PROVIDE TRAINING FOR THE APPRENTICE/TRAINEE NAMED BELOW

Trainee Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Trainee Address \_\_\_\_\_

DLT/Apprentice ID # \_\_\_\_\_

Trainee Status      New Hire      Upgrade      Classification \_\_\_\_\_

Training Type      Apprentice      OJT Trainee      Prior Work in Proposed Classification?      Yes      No

If apprentice, current percentage level \_\_\_\_\_  
 If yes, please explain \_\_\_\_\_

Prior OJT Trainee?      Yes      No      Anticipated Start Date \_\_\_\_\_

## PREVAILING WAGES

### Trainee Starting Rate

### Classification Journeyman Rate

Percentage Level	Hourly Wage	Fringes	Hourly Wage	Fringes

### By signing below, I attest to the following:

I have not completed, nor am I enrolled in any other training program leading towards journeyman status in the classification named above (other than approved apprentice program). Additionally, I have not been employed as a journeyman in the classification for which I am being considered.

Trainee Signature \_\_\_\_\_ Date \_\_\_\_\_

Submitted by \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## OFFICE OF COMPLIANCE AND REGULATION USE ONLY

OCR Staff \_\_\_\_\_ Approved      Yes      No

Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_