



U.S. Department of Labor
Employment and Training Administration
Office of Apprenticeship

OMB Approval No. 1205-0512
Expiration Date: XX/XX/XX

Registered Apprenticeship-College Consortium (RACC)

Application for "Other" Category Membership

This application is for national, regional, or state associations or other organizations that represent two- and four-year post-secondary institutions and Registered Apprenticeship sponsors. Organizations serve in a coordinating role to facilitate membership in the consortium.

Please check the appropriate category.

- National Representative of Two- and/or Four-Year Post-Secondary Institutions
State Representative of Two- and/or Four-Year Post-Secondary Institutions
Regional Representative of Two- and/or Four-Year Post-Secondary Institutions
Other

- National Representative of Registered Apprenticeship Sponsors
State Representative of Registered Apprenticeship Sponsors
Regional Representative of Registered Apprenticeship Sponsors
Other

Point of Contact: Name _____

Title _____

Name of Organization _____

Address (street) _____

City _____ State _____ Zip code _____

Website Address _____ Phone _____ Cell _____

Please describe your relationship with the apprenticeship program or the colleges (national association, membership organization, other).

POINTS-OF-CONTACT

RACC Institutional Representative

This policy-level administrator is responsible for implementing and overseeing institution's compliance with the RACC Principles and Criteria:

Name _____

Address (Street) _____

City _____ State _____ Zip _____

Phone _____ Cell _____

E-mail _____

Phone _____ Cell _____

E-mail _____

(The RACC framework will be on the Pathways to Success homepage)

AFFIRMATION OF COMPLIANCE WITH RACC PRINCIPLES AND CRITERIA

This application has been reviewed and authorized by the organization's president or CEO. The sponsor agrees that its designated subdivisions will comply with the 2011-2013 RACC Principles and Criteria.

Electronic Signature of President, CEO, or other senior administrator authorized by President or CEO to make this commitment

Date _____

Name _____

Position _____

Phone _____

E-mail _____

Public reporting burden for this collection of information, which is voluntary, is estimated to average 10 minutes per application, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employment and Training Administration, Office of Apprenticeship, Room N-5311, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0512).
