Registered Apprenticeship Program Request to be Added to

the Hawaii Eligible Training Provider List

Name of Apprenticeship Provider/Sponsor:

Click here to enter text.

Street or Mailing Address:

Click here to enter address.

Contact Person: Click or here to enter name.

Phone: Click here to enter phone number.

Email: Click here to enter email address.

Website for the Sponsor Organization or the Apprenticeship Program:

Click here to enter website address.

Name and Occupation of the Apprenticeship Program or Course:

Click here to enter name and occupation.

Where the Program will be held (e.g. Community College) or the name and address of the technical instruction provider:

Click here to enter the location and address.

Description of the method and length of instruction, any additional locations of training; number of classroom hours, number of OJT hours, etc; any other helpful information for the student:

Click here to enter the information.

Total number of hours in the program or course: Click here to enter a number.

How many Active Apprentices are in this program? Click here to enter a number.

Submit the completed application to: Workforce Development Council, ETP Coordinator, dlir.workforce.council@hawaii.gov