Office of the Labor Commissioner 1818 College Parkway, Suite 102 Carson City, Nevada 89706 Phone: (775) 684-1890

Fax: (775) 687-6409 E-Mail: <u>AUA@labor.nv.gov</u>

STATE OF NEVADA Office of the Labor Commissioner

Office of the Labor Commissioner 3300 W. Sahara Ave., Suite 225 Las Vegas, Nevada 89102 Phone: (702) 486-2650 Fax: (702) 486-2660

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REQUEST FOR APPRENTICE AVAILABILITY ON A PUBLIC WORK

Senate Bill (SB) 207 - Apprenticeship Utilization Act passed during the 2019 Legislative Session adds a section to NRS section 338. In passing SB 207, The Legislature hereby finds and declares that: (1) A skilled workforce in construction is essential to the economic well-being of the State: (2) Apprenticeship programs are a proven method of training a skilled workforce in construction; and (3) Requiring the use of apprentices on the construction of public works will ensure the availability of a skilled workforce in construction in the future for this State. https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bill/6351/Text

You may use this form to request an Apprentice or determine availability of an Apprentice from a Registered Apprenticeship Program in the applicable craft or trade in the area of the Public Works Project. For information about Registered Apprenticeship Programs in your area and Registered Apprentices, please visit www.labor.nv.gov or the Nevada State Apprenticeship Council at www.owinn.nv.gov/Apprenticeship/AboutSAC/ *The Governor's Office of Workforce Innovation (OWINN) is responsible for the Nevada State Apprenticeship Council and the approval and registration of Apprenticeship Programs and Apprentices.

for the Nevada State Apprenticeship Council and the approval and	registration of Apprenticeship Programs and Apprentices.	
Requests for dispatch must be in writing and submitted (and receive mail. Proof of submission (and receipt) will be required. Please rethe laws and regulations governing Registered Apprenticeship Programmer.	efer to Chapter 610 of the Nevada Revised Statutes and Neva	• •
Request Submitted to:	Date Request Submitted: _	
Name of Pogistared Appropriacehin Program:		
Name of Registered Apprenticeship Program:		
Contact Person/Title:		NV
Address: Fax No.: (,,,,	,
Requestor Information:		
Contractor/Subcontractor:		umber:
Contact Person/Title:		
Address:	,,	
Address: Fax No.: (.) Email:	
Availability Request Information: Number of Apprentice(s) Required: Craf Apprentice(s) Report Date: Name of Person to Report to: Address to Report to: Project Information: Contract Name/Number:	(5 business days' notice requ	uired) Report Time::
Awarding Body Name:		
Contact Person/Title: Fax No.: (
Tel No.: (Fax No.: (.) Email:	
Drivet Name of Titals	*C:	
Print Name/Title *By signing this form you certify that the information	*Signature on you have provided is true and correct to the	Date e best of your knowledge.
Request Approved: Request Notes:	Denied:	
Print Name/Title	Signature	Date
Date Received:	Date Returned:	