



**- NOTICE -**  
*Before filling in this form, read the Privacy Act Statement, below, and instructions on reverse.*

1. *Print or type.*
2. *Prepare in triplicate.*
3. *Forward original and one copy to CMC (Code MHEP).*
4. *Apprentice retains one copy in Work Experience Log.*

**PRIVACY ACT NOTIFICATION**

Under the authority of Title 5, U. S. Code, Section 301, the information regarding your former and present active military service, educational background and present personal data is requested in order to review and evaluate your qualifications for the Department of Labor apprenticeship program for active duty Marine Corps personnel. Your Social Security Number is used for purposes of individual identification. This information will be retained by the Commandant of the Marine Corps (Code MHEP) and by the Bureau of Apprenticeship and Training, U. S. Department of Labor, and will not be divulged without your written authorization to anyone other than Headquarters Marine Corps and Department of Labor personnel involved with administration of this program. You are not required to provide this information; however, failure to do so may result in your not being registered for an apprenticeship trade.

**APPLICANT INFORMATION**

1. NAME (Last, first, middle)	2. SSN	3. DATE OF BIRTH <i>(Day, Month, Year)</i>	4. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
5. RACE/ETHNIC GROUP <input type="checkbox"/> CAUCASIAN/WHITE <input type="checkbox"/> NEGRO/BLACK <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> SPANISH AMERICAN <input type="checkbox"/> ORIENTAL <input type="checkbox"/> INFORMATION NOT AVAILABLE <input type="checkbox"/> NOT ELSEWHERE CLASSIFIED			
6. NAME AND LOCATION OF HIGH SCHOOL FROM WHICH GRADUATED		OR, STATE AND DATE OF GED EQUIVALENCY	
7. Did you serve on active duty on or after 5 August 1964 and before 8 May 1975? <input type="checkbox"/> YES <input type="checkbox"/> NO		8. HOME OF RECORD (State)	
9. APPRENTICEABLE TRADE FOR REGISTRATION <i>(Give complete title)</i>	10. DOT CODE FOR APPRENTICEABLE TRADE	11. APPRENTICE PROGRAM	

I agree to report to the education officer within 5 to 8 months after date of this application and twice a year thereafter. I understand that my registration is voluntary and that registration does not guarantee work or duty assignments appropriate to my apprenticeship. I have read and understand the Privacy Act Statement.

12. SIGNATURE OF APPLICANT \_\_\_\_\_ 13. DATE \_\_\_\_\_

**TO BE FILLED IN BY APPLICANT'S COMMANDING OFFICER OR EDUCATION OFFICER**

**TO: COMMANDANT OF THE MARINE CORPS (Code MHEP), Headquarters, U. S. Marine Corps, Washington, DC 20380-0001**

14. FROM \_\_\_\_\_

15. Total hours required for term of apprenticeship \_\_\_\_\_ hours

16. Hours credit given for previous work experience (-) \_\_\_\_\_ hours

17. Total hours remaining for term of apprenticeship \_\_\_\_\_ hours

18. COMMENTS *(If any)*

19. SIGNATURE OF REGISTRAR  <p>The applicant has been counseled as to the conditions and requirements of the apprenticeship.</p> Signature _____	20. TITLE	21. DATE
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## **INSTRUCTIONS FOR APPRENTICE REGISTRATION APPLICATION**

### **ITEM NO.**

1. Self-explanatory.
2. Enter Social Security Number. Example 399-03-6433
3. Enter date of birth: Day, Month, Year.
4. Self-explanatory.
5. Self-explanatory.
6. Self-explanatory.
7. A check "X" in the YES block signifies that the registrant is regarded as a Viet Nam veteran by the Department of Labor.
8. Enter name of state which the registrant calls home.
9. Enter long title of apprenticeable trade. Example: Camera Repairer. Entries are limited to those apprenticeships authorized by the Commandant of the Marine Corps.
10. Enter 9-digit DOT code which matches the apprenticeable trade entered in Item 8. The Work Process Schedule indicates this code.
11. No entry required.
12. Self-explanatory.
13. Self-explanatory.
14. Enter name and address of command forwarding application.
15. Enter total term of the apprenticeship (required hours for completion). Example: 6000. The Work Process Schedule indicates the total term of apprenticeship.
16. Enter hours of creditable work experience completed prior to registration, if any. A registrant may be credited with 1000 hours of previous work experience for each full year that his/her service record validates assignment to the MOS or as a Corporal in the apprenticeable trade. Applicable MOSs are listed at the bottom of the Work Process Schedule for each authorized apprenticeable trade. However, credit for previous work experience completed prior to registration cannot exceed more than 50% of the term of the apprenticeship. Therefore, no more than 3000 hours of previous work experience can be credited to a 6000-hour apprenticeship. Portions or fractions of years of work experience will not be credited.
17. Enter the difference between Item 15 and Item 16. This difference is the number of work experience hours which must be completed by the apprentice.
18. Enter any comments regarding previous work experience, future assignment or next duty, or further explanation of any above item. Entry not mandatory.
19. Signature of commanding officer, education officer, or his authorized representative.
20. Title of registrar who signed Item 19.
21. Enter date that Item 19 was signed. This will be the effective beginning date of the apprenticeship.