

**POLICY, CRITERIA AND PROCEDURE FOR ACCORDING RECIPROCITY TO USDOL-OA  
OR SAC  
REGISTERED APPRENTICESHIP TRAINING PROGRAMS**

**POLICY**

The State of Louisiana shall grant reciprocity to a Registered Apprenticeship training program which has been approved by the United States Department of Labor, Office of Apprenticeship (USDOL-OA) or an authorized State Apprenticeship Council (SAC) if such program is found in good standing. To be granted such reciprocity, a program sponsor shall follow procedures established by the Louisiana Workforce Commission - Apprenticeship Division.

**CRITERIA**

A Registered Apprenticeship training sponsor seeking reciprocity in the State of Louisiana must attest that the program and individual apprentices who will work in Louisiana are properly registered with the USDOL-OA or SAC, and that the program is in good standing.

**PROCEDURE**

**1.** The Registered Apprenticeship Training Program Sponsor seeking reciprocity must contact **IN WRITING**:

Heather A. Stefan, State Director of Apprenticeship  
Louisiana Workforce Commission - Apprenticeship Division  
Post Office Box 94094  
Baton Rouge, Louisiana 70804-9094

to request reciprocity. The request for reciprocity must identify the name of the program sponsor, the address of the program sponsor and the name and address of the USDOL-OA representative or State Apprenticeship Director who regulates the program and, if applicable, the name of the state in which the program is registered.

**2.** Upon receipt of the request for reciprocity, the Louisiana Workforce Commission – Apprenticeship Division shall forward to the USDOL-OA or SAC Director, as appropriate, a “Petition for Reciprocity” form, which he/she shall assist the program sponsor in completing for prompt return to the Louisiana State Director of Apprenticeship at the address set forth in item 1 above. The form shall certify that the program sponsor is operating a Registered Apprenticeship training program in good standing and shall assure that the program, once operating in Louisiana, will comply with the standards set forth in Title 29 of the Code of Federal Regulations, Parts 29 and 30. The form shall also certify that the program has not been found to have willfully violated any state or federal Apprenticeship law.

**3.** Within 45 days after receipt of a properly completed petition, the Louisiana Workforce Commission -Apprenticeship Division will grant reciprocity, provided that the statements in the petition confirm that the program is operating in good standing and the necessary assurances are given. A program which is denied reciprocity will receive written notification within 45 days after the receipt of the properly completed form.

**4.** The Louisiana Workforce Commission - Apprenticeship Division reserves the right to void such reciprocity should it become evident the program is no longer operating in compliance with any/all applicable state and federal Apprenticeship law.

**LOUISIANA WORKFORCE COMMISSION  
APPRENTICESHIP DIVISION  
PETITION FOR RECIPROCITY**

**Part I - To be Completed by Program Sponsor**

\_\_\_\_\_  
Program Sponsor Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Physical Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Program Sponsor Designated Agent Name and Title

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
FAX Number

\_\_\_\_\_  
Email address

Number of years program sponsor has had a Registered Apprenticeship Training Program: \_\_\_\_\_

List states in which program sponsor is registered:

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**1.** Louisiana job site location(s): (Use reverse side if needed)

\_\_\_\_\_  
Physical Address

\_\_\_\_\_  
City or nearest City

**2.** Occupation(s) to be trained in Louisiana: (Use reverse side if needed)

**3.** Describe how related classroom instruction will be provided?

**4.** Will the program sponsor be conducting business under any other name(s)?  Yes  No  
If yes, provide complete name(s)?

**Part II - To be Completed by Registration Agency**

1. Has the program sponsor's Registered Apprenticeship program ever been subject to possible suspension or deregistration by the USDOL - OA or any SAC?  Yes  No

If yes, describe the nature of the violation(s) and the investigation's outcome: (Use reverse side if needed)

2. List the occupation(s) approved by the registration agency for training by this program sponsor:  
(Use reverse side if needed)

\_\_\_\_\_  
Occupation #1 # of Apprentices

3. How is the program sponsor registered? (Check all that apply)

- Individual                       Joint                       JAC  
 Group                               Non-Joint                       Non-JAC

4. Does the sponsor have an approved affirmative action plan?

- Yes                       No

5. Does this sponsor's program, standards, affirmative action plan and selection procedure meet all requirements set forth in 29 CFR 29 and 29 CFR 30?

- Yes                       No

6. Is this program in good standing with the registration agency?

- Yes                       No

If no, please provide complete explanation: Attach additional sheets, if necessary and attach all related paperwork as necessary.

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Name of Registration Agency:

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Address of Registration Agency:

I certify that the named program sponsor in this Petition for Reciprocity is operating a quality Registered Apprenticeship training program and is in compliance with all requirements set forth in Title 29 Parts 29 and 30 of the Code of Federal Regulations. I further certify that the named sponsor has not been found to have willfully violated any state or federal Apprenticeship law.

Printed name and title of Authorized Representative of the Registration Agency:

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Name	Title
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Signature of Authorized Representative of the Registration Agency	Date
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Comments (Attach additional sheets, if necessary)

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**Part III - Louisiana Workforce Commission use only**

Reciprocity Granted  
Reciprocity Denied

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Name	Title
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Signature of Louisiana Workforce Commission Official	Date
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LP-PETITION FOR RECIPROCITY (rev. 07/08)