



Date:

Apprenticeship Program Enrollment Form

Company Name: _____

Employee Name: _____

Employee Phone Number: _____

Employee Email Address: _____

Program Selection (select one):

- Lineworker Technician Apprenticeship Program (LTAP)
- Substation Technician Apprenticeship Program (STAP)
- Meter Technician Apprenticeship Program (MTAP)
- System Operator Apprenticeship Program (OTAP)
- Fiber Technician Apprenticeship Program (FTAP)

Workshop Selection (select one):

- | | |
|------------|------------|
| Workshop 1 | Workshop 5 |
| Workshop 2 | Workshop 6 |
| Workshop 3 | Workshop 7 |
| Workshop 4 | Workshop 8 |

If you begin your employee on any step other than step 1, please explain why in the box below:

Program Continuation Notice

Once an employee has been enrolled in one of the apprentice programs, they will continue in the program, attending the next step workshop every **6 months** until the program has been completed, or unless you notify us otherwise.

Remove from program