

APPRENTICE REGISTRATION APPLICATION

(REV 05/25)

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

- PRINT ALL INFORMATION
- ALL BLOCKS MUST BE COMPLETED OR ENROLLMENT CAN NOT BE PROCESSED

PRINT NAME	Last	First	Middle	RATE/RANK (i.e, AT3, Cpl)
COMMAND				DATE OF BIRTH (MMDDYY)
APPRENTICEABLE TRADE (FULL TITLE)				RAPIDS CODE OF TRADE

DOD ID NUMBER (EDIPI)

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BRANCH OF SERVICE

- ☐ U.S. Navy
☐ U.S. Marine Corps
☐ U.S. Coast Guard
☐ U.S. Army
☐ U.S. Air Force

EDUCATION

- ☐ GED
☐ High School Graduate
☐ Associate Degree
☐ Bachelor Degree
☐ Master Degree
☐ Other

TYPE OF TRADE

- ☐ Time Based
☐ Competency Based

CERTIFY THAT I HAVE COMPLETED THE FOLLOWING

- ☐ As required, I have read the National Standards of Apprenticeship for the United Services Military Apprenticeship Program (USMAP) and understand its content.
- ☐ I have read the Work Process Schedule for the trade I am requesting and I meet the Related Instruction and Additional Requirements that are required for this trade.
- ☐ I understand that USMAP is a voluntary program and I agree to abide by program requirements.

SIGNATURE OF REQUESTOR AND ADDITIONAL INFORMATION

SIGNATURE	DATE SIGNED
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Email Address (check which one is primary)

- ☐ Military/Government:
- ☐ Home/Personal:

E-mail to: usmap@livehelpnow.net (preferred method)

Fax to: 850-452-6897

Mail to: Naval Education and Training Professional Development Center

ATTN: USMAP

640 Roberts Ave BLDG 502

Pensacola, Florida 32511-5155

Phone Number: (check which one is primary)

- ☐ Work: (commercial)
- (DSN)
- ☐ Home/Cell:

PRIVACY ACT STATEMENT

Under the authority of Title 5 USC 301, information regarding your military or other DOD status is requested on this form in order to process this form. The information will also be used to process related correspondence and to construct and maintain an official and continuing record of Apprenticeship Program participation. The Apprenticeship Participation record will not be divulged, without prior written authorization, to anyone other than those within DOD or the Department of Labor for official use in determining your status within the Apprenticeship Program. Completion of this form is voluntary; however, failure to complete the form will result in an inability to process this form.