



**State of Delaware**  
**Department of Labor – Apprenticeship & Training**  
**Sponsor Application**

1. Name of Sponsor: \_\_\_\_\_ Phone: \_\_\_\_\_  
 DE Business License Number: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Business Address: \_\_\_\_\_
  
2. Type of Firm (check [X] only one): \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietor
3. How many years has the firm been in business? \_\_\_\_\_ Have you conducted business under a different name? \_\_\_\_\_  
 If yes, list the names and Business License Numbers(s).
4. Within the past five years has the sponsor, any affiliate, any predecessor company or entity, owner of 5% or more of the firm’s shares, director, officers, partner, or proprietor been the subject of:  
 (Answer all questions. For all yes responses, attach explanation and/or appropriate documentation.)
 

	YES	NO
a) A conviction for a crime under state or federal law?	_____	_____
b) An indictment, or pending indictment for any conduct constituting a crime under state or federal law?	_____	_____
c) A grant of immunity for any conduct constituting a crime under state or federal law?	_____	_____
d) A federal suspension, debarment, bid rejection or disapproval of any proposed contract or subcontract for lack of responsibility; or denial or revocation of pre-qualification for any bid in any state or municipality, or a voluntary exclusion agreement?	_____	_____
e) Any pending or open investigation of a possible violation of any federal law or regulation, including but not limited to, investigations by the National Labor Relations Board (NLRB), Occupation Safety and Health Administration (OSHA), or US Department of Labor (US DOL) Wage and Hour Division?	_____	_____
f) Any determination of a violation of a federal law or regulation including, but no limited to, determinations by the NLRB, OSHA, or the US DOL Wage and Hour Division?	_____	_____
g) Any pending or open investigation of a possible violation of Delaware or other state law or regulation including, but not limited to, investigations by the Delaware Department of Labor?	_____	_____
h) Any determination of a violation of any State law or regulation?	_____	_____
i) Any stipulations, settlement, consent order or like agreement involving any state, municipality or federal enforcement action (judicial or regulatory)?	_____	_____
  
5. Is the sponsor a Joint Apprenticeship Committee (JAC) or other sponsoring association? \_\_\_\_\_  
 If yes, attach the name and address of the employers who are signatory to the JAC Agreement.
6. Please return this completed document with a copy of your current Worker’s Compensation Insurance Declaration page.

**CERTIFICATION**

§ 4206(a); and states that a person is guilty of perjury in the third degree when the person swears falsely. Therefore, the applicant swears that the information submitted in this questionnaire and any attached pages must be true, accurate, and complete. The Delaware Department of Labor is hereby authorized to release any Unemployment Insurance Information it may possess to the Apprenticeship and Training section of the Delaware Department of Labor for the purpose of information verification in connection with this application. The undersigned recognizes that any adverse information uncovered regarding any signatory employer participating in a Joint Apprentice Committee, or other sponsoring association, may adversely affect the sponsor’s application request. § 1221, and may be punishable by imprisonment of up to one year and a fine of up to \$2,300.00 under 11 Del. C. The undersigned recognizes this questionnaire is submitted for the express purpose of requesting the Delaware Department of Labor’s approval of an apprenticeship program application. Applicant acknowledges that the Department may, in its discretion, by means which it may choose, determine the truth and accuracy of all statements made herein; acknowledges that intentional submission of false or misleading information may constitute a class A misdemeanor under 11 Del. C.

**Sworn to me this:**

\_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
 Print Name of Officer or Authorized Representative

\_\_\_\_\_  
 Signature of Officer or Authorized Representative

\_\_\_\_\_  
 Notary Public or Commissioner of Deeds

\_\_\_\_\_  
 Title