



50% OJT REIMBURSEMENT PROGRAM



On-the-Job Training (OJT) Apprentice or Trainee must fill out this form accurately with required documentation submitted to the Alaska DOT&PF, Civil Rights Office. Read through the instructions found here under the “OJT Support Services” tab: <https://dot.alaska.gov/cvlrts/ojt.shtml> prior to filling out this form.

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|--|----------------------------------|
| OJT Apprentice/Trainee Contact Information: | |
| Name: | Email: |
| Phone: | Address (must match W-9): |
| Alaska Vendor Self Service Number: | |
| Date: | Signature: |

| | |
|--|------------------------------|
| OJT Apprentice/Trainee Information: | |
| Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Prefer not to say | Last 4 digits of SSN: |
| Ethnicity/Race: <input type="checkbox"/> Alaska Native/Indigenous <input type="checkbox"/> African American/Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian <input type="checkbox"/> Other: _____ | |

| | |
|--|---|
| Project Information: | |
| Prime Contractor: | Project Number (Ex. CFHWY00939): |
| Project Name: | |
| Hired classification: <input type="checkbox"/> Bricklayer <input type="checkbox"/> Cement Mason <input type="checkbox"/> Electrician <input type="checkbox"/> Ironworker <input type="checkbox"/> Teamster <input type="checkbox"/> Equipment Operator <input type="checkbox"/> Roofer <input type="checkbox"/> Piledriver <input type="checkbox"/> Laborer <input type="checkbox"/> Painter Heat & Frost Insulator <input type="checkbox"/> Plumber <input type="checkbox"/> Sheet Metal Worker <input type="checkbox"/> Shipyard Worker <input type="checkbox"/> Other: _____ | |

| Civil Rights Office Use Only | |
|-------------------------------------|---|
| Date Received: | <input type="checkbox"/> Apprentice/Trainee in IRIS VSS? |
| Approved/Denied (reason): | <input type="checkbox"/> Invoice/Receipts attached? |
| Total Amount: | <input type="checkbox"/> Application complete |
| CRO Staff Name: | Title: |
| Signature: | Date: |

