

**Glenn Sutphin**

Executive Director

State of Florida

**DEPARTMENT OF VETERANS’ AFFAIRS**

**State Approving Agency for Veterans’ Training**

P.O. Box 31003

St. Petersburg, FL 33731

Phone: (727) 319-7406 Fax: (727) 319-7780

www.FloridaVets.org

**Rick Scott**

Governor

**Pam Bondi**

Attorney General

## Jeff Atwater

Chief Financial Officer

**Adam Putnam**

Commissioner of Agriculture

Dear Sir or Madam,

Thank you for your interest in approval to participate in the GI Bill® education programs offered through the U.S. Department of Veterans’ Affairs (VA). As the Florida State Approving Agency for Veterans’ Education and Training, we work with representatives of Registered Apprenticeship organizations who are seeking approval of their training programs.

Approval will enable your veteran employees to receive their earned VA education benefits while learning a valuable trade on the job at your facility, which enables them to receive a monthly stipend from VA in addition to the wages received from you, the employer. Some of the many benefits of hiring veterans under this program for your organization are that they tend to be self-disciplined, loyal, have great work ethics, and have been trained in problem solving and troubleshooting.

As a Registered Apprenticeship organization, the documents required for submission to our approval agency, which may be mailed to our address provided above in our letterhead, are minimal and are as follows:

* **VA 22-8865 Employer’s Application to Provide Job Training** (included below)

provide details pertaining to the job title, duration of training, and wages, etc.

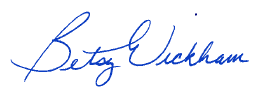
* **VA 22-8794 Designation of Certifying Official(s)** (included below)

provide VA with contact information for the person in your organization who you are designating to certify the monthly hours of your veteran employees to VA, and who will maintain required records

* **Registered Apprenticeship Program Standards**

We look forward to having you join the many other organizations in the state which attracted solid performing veterans for their training positions directly because of their participation in the GI Bill®. For additional information about VA education programs, please see the VA Fact Sheets included with these documents or go to VA’s website at [www.benefits.va.gov/gibill](http://www.benefits.va.gov/gibill)

Should you have any questions, please contact Paul Smith and he will direct you to one of our field representatives who resides in your region of the state who will be able to assist you. You may contact Paul at [smithpa@fdva.state.fl.us](mailto:smithpa@fdva.state.fl.us) or at (727) 319-7406.

Sincerely,

Betsy Wickham

Bureau Chief, SAA

Updated 02/09/2017

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|  | | | | **EMPLOYER'S APPLICATION TO PROVIDE JOB TRAINING**  **(UNDER TITLE 38 U.S. CODE SECTION 3677 OR 3687)** | | | | | | | |
| INSTRUCTIONS: All items should be completed. Information requested in Section II applies to the particular trade, craft or occupation for which you propose to provide training to veterans and their eligible dependents. Please read Section III carefully before signing the application. The completed application form may be submitted directly to the VA office serving the area where your establishment is located. | | | | | | | | | | | |
| **SECTION I - EMPLOYER IDENTIFICATION** | | | | | | | | | | | |
| 1. NAME OF ESTABLISHMENT | | | | | 2. NAME AND TITLE OF PERSON TO CONTACT  *(Include e-mail address)* | | | | | 3. TELEPHONE NO.  *(Include Area Code)* | |
| 4. LOCATION OF ESTABLISHMENT *(Street No., City, State, Zip Code)* | | | | | | | 5. MAILING ADDRESS *(If different than in Item 4)* | | | | |
| **SECTION II - DESCRIPTION OF TRAINING PROGRAM** | | | | | | | | | | | |
| 6. JOB TITLE *(Position for which training will be provided)* | | | | | | | 7. JOB DESCRIPTION *(Please keep brief)* | | | | |
| 8. LENGTH OF PROGRAM  *(Indicate hours or months)* | | 9. HOURS IN STANDARD WORK WEEK | | | | |
| 10. HOURS OF RELATED TRAINING OUTSIDE OF JOB REQUIRED EACH YEAR *(If none, write "None")* | | 11. NUMBER OF FULLY QUALIFIED EMPLOYEES AVAILABLE AS INSTRUCTORS FOR EACH TRAINEE | | | | |
| 12. MAXIMUM NUMBER OF TRAINEES THAT CAN BE TRAINED AT ANY ONE TIME | | | | | | |
| **SECTION III - WAGE PROGRESSION SCALE** | | | | | | | | | | | |
| 13. BEGINNING WAGE FOR TRAINEES | | | | | | | 14. PRESENT JOURNEYWORKER WAGE | | | | |
| 15. WAGE PROGRESSION DURING TRAINING | | | | | | | | | | | |
| A. PERIOD | B. NO. OF MONTHS | | C. WAGE LEVEL | | | A. PERIOD | | B. NO. OF MONTHS | C. WAGE LEVEL | | |
| 1ST |  | | $ PER | | | 6TH | |  | $ PER | | |
| 2ND |  | | $ PER | | | 7TH | |  | $ PER | | |
| 3RD |  | | $ PER | | | 8TH | |  | $ PER | | |
| 4TH |  | | $ PER | | | 9TH | |  | $ PER | | |
| 5TH |  | | $ PER | | | 10TH | |  | $ PER | | |
| **SECTION IV - CONDITIONS TO BE MET** | | | | | | | | | | | |
| I UNDERSTAND AND AGREE THAT THE FOLLOWING CONDITIONS MUST BE MET IF THIS TRAINING PROGRAM IS APPROVED FOR VA TRAINING BENEFITS:   1. Close supervision by qualified journey workers will be provided throughout the training program. 2. Records will be maintained for each trainee. At a minimum, the records will include the following: job assignments, promotions, demotions, lay-off terminations, rates of pay, progress in training as outlined in the work processes, hours of training given monthly in each process and overall progress evaluations made at least each 3 months. 3. Credit will be given for previous training and experience and the length of the training program will be reduced proportionately. Trainees who are granted credit for previous training and experience will be placed into the appropriate step of the wage progression scale. 4. If required for approval of a training program, the trainee will be advanced to the full journey worker wage immediately upon completion of the training program. 5. An Enrollment Certification will not be submitted for a veteran or eligible person who is already qualified for the position because of prior training or experience. 6. A copy of an approved training agreement will be provided to the trainee and to the Department of Veterans Affairs (VA). 7. Immediately notify VA of any wage increase (or decrease) paid any trainee not in accordance with his or her training agreement. IN ADDITION, FOR ON-THE-JOB TRAINING OTHER THAN APPRENTICESHIP PROGRAMS, I HEREBY CERTIFY THAT: 8. The wages paid to trainees under this VA program will not be less than wages paid to trainees who are not eligible for VA benefits. The beginning wage will be at least 50% of the wage for a fully trained employee. 9. Unless the training establishment is operated by a Federal, State or local government, periodic wage increases will be granted and by the last full month of training the wage will be at least 85% of the wage for a fully trained employee. 10. There is a reasonable certainty that the job for which training is provided will be available to the trainee after training has been completed. | | | | | | | | | | | |
| 16. SIGNATURE | | | | | 17. TITLE | | | | | | 18. DATE SIGNED |

**PRIVACY ACT NOTICE**: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, and published in the Federal Register. An example of a routine use allows VA to send educational forms or letters with a veteran's identifying information to the veteran's school or training establishment to (1) assist the veteran in the completion of claims forms or (2) for VA to obtain further information as may be necessary from the school for VA to properly process the veteran's education claim or to monitor his or her progress during training. Your obligation to respond is required to obtain or retain education benefits. While you do not have to respond, VA cannot determine if your training program can meet the requirements set by law for VA approval unless the information is furnished. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

**RESPONDENT BURDEN**: We need this information to determine whether a training program may be approved by the Department of Veterans Affairs (VA), (38 U.S.C. 3677 or 3687). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 90 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at [http:www.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain). If desired, you can call 1-888-GI-BILL-1 (1-888-442-4551) to get information on where to send comments or suggestions about this form.

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| Department of Veterans Affairs**DESIGNATION OF CERTIFYING OFFICIAL(S)** | | | | | | | | | | | | | | | |
| **GENERAL INSTRUCTIONS**   1. This form MUST ONLY be completed by a responsible official with the authority to designate certifying officials for the school or training establishment. 2. This form must be completed whenever there is a change in any of the information. Include the names, titles, and signatures of all certifying officials, not just the changed information. | | | | | | | | | | | | | | | |
| **SPECIFIC INSTRUCTIONS**   1. Item 1: Enter the complete name and address of the school or training establishment. 2. Item 2: Enter the certifying official's telephone number. 3. Item 3: Enter the certifying official's fax number. 4. Item 4: Enter the certifying official's e-mail address. As an alternative, you may enter the e-mail address for the office where the certifying official works. 5. Item 5A: Enter the complete name and title for each designated certifying official. Have each person sign the form on the same line as his or her name and title. If any of the certifying officials have limited jurisdiction, note such limitations in Item 6, "Remarks". Use space below if needed. 6. Item 5B: If facsimile (e.g., rubber stamp) signatures will be used for any certifying officials, enter a sample in the appropriate block. In addition, have the individual initial next to the sample. 7. Item 5C: If veterans and other eligible persons will be claiming individualized tutorial assistance, complete these blocks. 8. Items 7 and 8: Sign and date the form. The person signing the form must be a person of significant authority, i.e., registrar, academic dean, or higher. | | | | | | | | | | | | | | | |
| PURPOSE: This form is used to provide the names and signatures of those individuals who are authorized to certify enrollment information to the Department of Veterans Affairs. | | | | | | | | | | | | | | | |
| 1. NAME AND ADDRESS OF SCHOOL OR TRAINING ESTABLISHMENT *(Include ZIP Code)* | | | | | | | | **FOR VA USE ONLY** | | | | | | | |
|  |  |  |  |  |  |  |  |
| 2. TELEPHONE NUMBER(S) OF CERTIFYING OFFICIAL(S) *(Include Area Code)* | | | | | 3. FAX NUMBER OF CERTIFYING OFFICIAL(S) *(Include Area Code)* | | | | | | | | | | |
| 4. E-MAIL ADDRESS OF CERTIFYING OFFICIAL(S) | | | | | | | | | | | | | | | |
| 5. THE FOLLOWING ARE DESIGNATED AS CERTIFYING OFFICIALS OF THIS SCHOOL OR TRAINING ESTABLISHMENT | | | | | | | | | | | | | | | |
| A. OFFICIALS DESIGNATED TO SIGN VA ENROLLMENT CERTIFICATIONS, CERTIFICATIONS OF CHANGE IN STUDENT STATUS, CERTIFICATIONS OF DELIVERY OF ADVANCE PAYMENTS, CERTIFICATIONS OF PURSUIT, ATTENDANCE, FLIGHT TRAINING, ON-THE-JOB OR APPRENTICESHIP TRAINING (AS APPLICABLE), OTHER CERTIFICATIONS OF ENROLLMENT ARE: | | | | | | | | | | | | | | | |
| NO. | NAME | | TITLE | | | | SIGNATURE | | | | | | | | |
| (1) |  | |  | | | |  | | | | | | | | |
| (2) |  | |  | | | |  | | | | | | | | |
| (3) |  | |  | | | |  | | | | | | | | |
| (4) |  | |  | | | |  | | | | | | | | |
| B. THE USE OF THE FOLLOWING FACSIMILE (e.g., rubber stamp) SIGNATURES FOR THE OFFICIALS LISTED IN ITEM 5A ABOVE ARE AUTHORIZED. | | | | | | | | | | | | | | | |
| (1) |  | | | (2) | |  | | | | | | | | | |
| (3) |  | | | (4) | |  | | | | | | | | | |
| VA FORM  MAY 2011  **22-8794** | | EXISTING STOCKS OF VA FORM 22-8794,  JAN 2007, WILL NOT BE USED. | | | | *(See Reverse)* | | | | | | | | | |

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| 5. THE FOLLOWING ARE DESIGNATED AS CERTIFYING OFFICIALS OF THIS SCHOOL OR TRAINING ESTABLISHMENT *(Continued)* | | | | |
| C. FOR POSTSECONDARY EDUCATIONAL INSTITUTIONS ONLY - OFFICIALS DESIGNATED TO SIGN THE SCHOOL PORTION OF VA FORM 22-1990T, APPLICATION AND ENROLLMENT CERTIFICATION FOR INDIVIDUALIZED TUTORIAL ASSISTANCE, ARE: | | | | |
| NO. | NAME | TITLE | SIGNATURE | |
| (1) |  |  |  | |
| (2) |  |  |  | |
| (3) |  |  |  | |
| 6. REMARKS | | | | |
| It is acknowledged that each of the individuals designated as certifying officials must successfully complete online training for new certifying officials prior to being granted access to VA's certification system. **It is hereby certified that** the Department of Veterans Affairs will be notified of any changes in the designations shown on this form as they occur. | | | | |
| 7. SIGNATURE AND TITLE OF DESIGNATING OFFICIAL | | | | 8. DATE |
| PENALTY - The law provides that whoever makes any statement of a material fact knowing it to be false shall be punished by fine or imprisonment or both. | | | | |
| PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, Vocational Rehabilitation and Employment Records - VA, and published in the Federal Register. An example of a routine use (e.g., VA sends educational forms or letters with a veteran's identifying information to the veteran's school or training establishment to (1) assist the veteran in the completion of claims forms or (2) for VA to obtain further information as may be necessary from the school for VA to properly process the veteran's education claim or to monitor his or her progress during training). Your obligation to respond is required to obtain or retain education benefits. VA cannot recognize you as the proper certifying official unless the information is furnished as required by existing law (38 U.S.C. 3680(g)). The responses you submit are considered confidential (38 U.S.C. 5701). Any information provided by applicants, recipients, and others is subject to verification through computer matching programs with other agencies. | | | | |
| RESPONDENT BURDEN: We need this information to identify you as the certifying official for your school or job training establishment when reporting pursuit of training for veterans and other eligible persons (38 U.S.C. 3684). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 10 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo. gov/public/do/PRAMain. If desired, you can call 1-888-GI-BILL-1 (1-888-442-4551) to get information on where to send comments or suggestions about this form. | | | | |

