

**Michigan Registered Apprenticeship Program (MRAP)
Eligibility/Related Technical Instruction (RTI) Reimbursement Form**

CANDIDATE SECTION		
Date:		
Apprentice Name and Address:	Telephone Number and E-mail Address:	
Trade:	Training Start Date/End Date:	
*SPONSOR SECTION (see note below)		
Name and Address:	Telephone Number:	
Representative Name:	E-mail Address:	
MICHIGAN WORKS! AGENCY (MWA)SECTION		
MWA Name and Address:	Representative Name:	
Telephone Number:	E-mail Address:	
WIA Eligible (Y/N):		
1st Reimbursement	\$	Date:
2nd Reimbursement	\$	Date:
RTI Reimbursement	\$	Date:
Retroactive Employer Incentive Award	\$	Date:
USDOL-OA Apprenticeship Six Month Verification Approval	USDOL-OA RTI Approval	
DELEG/BWT Payment Approval	DELEG/FEDERAL FINANCE - MARS Entry	
Employer Award: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> Retro	Employer Award: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> Retro	
RTI Approval:	RTI - MARS Entry:	

***A sponsor must submit to the MWA the MRAP-Eligibility/Related Technical Instruction Reimbursement Form to initiate reimbursement payments for the second employer award, RTI and retroactive award.**