

# APPRENTICE REGISTRATION APPLICATION

CPPD Form 1560/1 (REV 07/12)

## 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)
REGISTRATION (HOME) MAILING ADDRESS (Street, City, State, Zip Code)	DATE OF BIRTH (MMDDYY)
APPRENTICEABLE TRADE (FULL TITLE)	AIMS CODE OF TRADE

### BRANCH OF SERVICE

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

### ETHNIC BACKGROUND

- Caucasian/White
- Black
- Hispanic
- Asian/Pacific Islander
- Native Alaskan/Am. Indian
- Other

### EDUCATION

- High School Graduate
- GED

### TYPE OF LOG BOOK

- Paper Log
- On-line

## CERTIFY THAT I HAVE COMPLETED THE FOLLOWING

- As required, I have read the National Standards of Apprenticeship for the United Service Military Apprenticeship Program (USMAP) and understand its content. <https://usmap.cnet.navy.mil/usmapss/static/National%20Standards.pdf>
- 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 pre-registration credit is based upon the completion date of my NEC or MOS or qualifying school.

Credit for past work experience is given at time of enrollment in the form of Pre-registration Credit. Trades that require additional instruction or an NEC will be based on the date of completion of the instruction to enrollment date which must be one year to be eligible for credit for that trade. Members receive 1000 hours for each FULL year not to exceed 50 percent of the total required hours.

### MEMBER ID NUMBER

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For Coast Guard service members, the member ID number here is not the same as your Coast Guard member ID number.

Leave blank if you have not received one previously

## SIGNATURE OF REQUESTOR AND ADDITIONAL INFORMATION

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

- Military/Government:
- Home/Personal:

### Phone Number: (check which one is primary)

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

Mail to: Commanding Officer  
CPPD USMAP  
6490 Saufley Field Road  
Pensacola, Florida 32509-5204

### 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.