TO:	APPRENTICESHIP TN	
FRO	l:	
SUBJECT: TENNESSEE CERTIFIED PRE-APPRENTICESHIP APPLICATION		
DAT	:	
Required contact information:		
Organization Name:		
Organization Address:		
Program Manager Name:		
Program Manager Phone:		
Program Manager Email:		
Mailing Address (if different than above):		
Checklist for Tennessee Certified Pre-Apprenticeship submission:		
	Information about applicant	
2	2. Program cost information	
3	3. Commitment to non-discrimination in training	
	4. If applicable, hands-on, meaningful learning activities	
	5. If applicable, industry-recognized credentials	
6	Strategies for long term success	
	Signed memorandum of agreement (MOA) from the sponsor of a USD $$	OL registered apprenticeship program