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| **DEPARTMENT OF VETERANS SERVICES**  **VETERANS EDUCATION, TRAINING AND EMPLOYMENT**  **ATTN: STATE APPROVING AGENCY**  **900 E. MAIN STREET, 6TH FLOOR WEST WING**  **RICHMOND, VIRGINIA 23219** | | | |
| ***Request For An Application To Provide Training To Veterans And Other Eligible Persons For***  ***On-The-Job Training And Apprenticeship*** | | | |
| **Date of Request:** | | | |
|  | | | |
| **Facility Name:** | | | |
| **Address:** | | | |
| **City:** | | | |
| **State:** | | **Zip Code:** | |
| **Contact Person:** | | | |
| **Phone Number:** | | | |
| **Fax Number:** | | | |
| **Email :** | | | |
| **Type of Organization:** | | | |
| **OJT**  **APP** | **Registered**  **Non-Registered** | | **Public**  **Private** |
| ***Email Completed Form To Trinika Lewis-Wilson At Trinika.lewis-wilson@dvs.virginia.gov*** | | | |
| ***Saa Official use Only*** | | | |
| ***Date Application received:*** | | | |
| ***Date Application Sent:*** | | | |
| ***RM Assigned to:*** | | | |
| ***Remarks:*** | | | |