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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 Mr. Chris Mackey, Operations Manager at*** ***chris.mackey@dvs.virginia.gov*** |
| ***Saa Official use Only*** |
| ***Date Application Sent:*** |
| ***Date Application Received:*** |
| ***RM Assigned to:*** |
| ***Remarks:*** |