

## Registered Apprenticeship Reciprocity Policy

The State of Tennessee shall grant reciprocity to a Registered Apprenticeship program which has been registered by the United States Department of Labor, Office of Apprenticeship (USDOL-OA) or a recognized State Apprenticeship Agency (SAA) for federal purposes if the following conditions are met:

- A Registered Apprenticeship program sponsor seeking reciprocity in the State of Tennessee must attest that the program and individual apprentices who will work in Tennessee are properly registered with the USDOL-OA or another recognized SAA.
- Program sponsors seeking reciprocal approval must also meet the wage and hour provisions and the apprenticeship ratio standards of the State of Tennessee in accordance with 29 CFR § 29.13(b)(7).

Once these conditions are satisfied, the Tennessee Office of Apprenticeship shall accord reciprocal approval for State and Federal purposes to apprentices and apprenticeship programs that are registered in other States by the State Registration Agency or Office of Apprenticeship if the apprenticeship program sponsor requests such reciprocity.

The procedure for approving reciprocity requests is outlined as follows:

1. The Registered Apprenticeship program sponsor seeking reciprocity must send the attached 'Petition for Reciprocity' to Tennessee's Director of Apprenticeship, Shalondria Shaw, via email to [shalondria.shaw@tn.gov](mailto:shalondria.shaw@tn.gov).
2. Upon receipt of the request for reciprocity, the Tennessee Office of Apprenticeship shall forward to the USDOL-OA or SAA Director, as appropriate, the form, which he/she shall assist the program sponsor in completing for prompt return to the Tennessee Office of Apprenticeship. The form shall certify that the program sponsor is operating a Registered Apprenticeship program and shall assure that the program, once operating in Tennessee, will comply with the standards set forth in Title 29 of the Code of Federal Regulations, Parts 29, Subpart A, and 30. This includes certifying that program sponsors seeking reciprocal approval meet the wage and hour provisions and apprenticeship ratio standards of Tennessee as required by 29 CFR § 29.13(b)(7)
3. Within 45 days after receipt of a properly completed petition, the Tennessee Office of Apprenticeship will review and grant reciprocity.
4. The Tennessee Office of Apprenticeship reserves the right to void such reciprocity should it become evident the program is no longer operating in compliance with any/all applicable state and federal apprenticeship law.

TENNESSEE OFFICE OF APPRENTICESHIP PETITION FOR RECIPROCITY

**Part I - To be Completed by Program Sponsor**

\_\_\_\_\_  
Program Sponsor Name

\_\_\_\_\_  
Mailing Address    City    State    Zip

\_\_\_\_\_  
Physical Address    City    State    Zip

\_\_\_\_\_  
Program Sponsor Designated Agent Name and Title

\_\_\_\_\_  
Telephone Number    FAX Number    Email address

Number of years program sponsor has had a Registered Apprenticeship Training Program: \_\_\_\_\_

Registration Date: \_\_\_\_\_

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1. Tennessee job site location(s): Use reverse side if needed:

\_\_\_\_\_  
Physical Address                      City or nearest City

2. Occupation(s) to be trained in Tennessee: Use reverse side if needed

3. Describe how related classroom instruction will be provided:

\_\_\_\_\_  
4. Will the program sponsor be conducting business under any other name(s): Yes \_\_\_\_ No \_\_\_\_

If yes, provide complete name(s): \_\_\_\_\_

5. Ratio you are requesting: Apprentice(s) \_\_\_\_\_ to Journeyman \_\_\_\_\_

**Part II - To be Completed by Registration Agency**

1. Has the program sponsor's Registered Apprenticeship program ever been subject to possible suspension or deregistration by the USDOL - OA or any SAA? Yes \_\_\_\_ No \_\_\_\_

If yes, describe the nature of the violation(s) and the investigation's outcome: Use reverse side if needed: \_\_\_\_\_

2. List the occupation(s) approved by the registration agency for training by this program sponsor: Use reverse side if needed:    Occupation #1 \_\_\_\_\_    # of Apprentices \_\_\_\_\_

3. How is the program sponsor registered? (Check all that apply)    ☐ Individual    ☐ Joint    ☐ Group  
☐ Non-Joint

4. Does the sponsor have an approved affirmative action plan? Yes \_\_\_\_ No \_\_\_\_

5. Does this sponsor's program, standards, affirmative action plan and selection procedure meet all requirements set forth in 29 CFR 29 and 29 CFR 30? Yes \_\_\_\_ No \_\_\_\_

6. Is this program in good standing with the registration agency? Yes \_\_\_\_ No \_\_\_\_

If no, please provide complete explanation: Attach additional sheets, if necessary and attach all related paperwork as necessary.

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Name of Registration Agency: \_\_\_\_\_

Address of Registration Agency: \_\_\_\_\_

I certify that the named program sponsor in this Petition for Reciprocity is operating a Registered Apprenticeship program and is in compliance with all requirements set forth in Title 29 Parts 29, Subpart A, and 30 of the Code of Federal Regulations.

Printed name and title of Authorized Representative of the Registration Agency:

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature of Authorized Representative of the Registration Agency \_\_\_\_\_

Date \_\_\_\_\_

Comments (Attach additional sheets, if necessary) \_\_\_\_\_

\_\_\_\_\_

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Part III – Tennessee Office of Apprenticeship use only [ ] Reciprocity Granted [ ] Reciprocity Denied

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature of Tennessee Office of Apprenticeship \_\_\_\_\_

Official Date -PETITION FOR RECIPROCITY (rev. 1/25)