

CHECKLIST FOR COMPLETE APPRENTICESHIP APPLICATION FOR

Business Name: _____

Contact: _____

Email / Phone Number: _____

Date: _____

	Application	
	ITR-1 Approval Letter	
	Certificate of Good Standing or proof of authority to transact business in the State	
	FEIN	<input type="checkbox"/> Clear <input type="checkbox"/> Not Clear
	IBT	
	Any incentive conflict with current request for educational tax credit	
	Other incentives offered	
	Previous incentives	
	NAICS Code	
	Company in underserved area	
	Apprentice(s) in underserved area	
	Program registered with US DOL	
	Standards of Apprenticeship	
	Expenses documentation	
	Supporting spreadsheet	<input type="checkbox"/> Invoices <input type="checkbox"/> Proof of Payment
	Number of Apprentices: ____ IL Resident IL School/Organization Apprentice ID Number(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
	Additional clarification	

Date presented: _____

Date approved: _____