



Minnesota Dual-Training Pipeline Recognition Application

Applicant Information

Company Name: _____ Number of Employees in MN: _____

Contact Person: _____ Date: _____

Company Address (Street, City, State, Zip Code): _____

Phone Number: _____ Email Address: _____

Industry: _____ Occupation(s): _____

Related Instruction/Education Provider(s)

Institution: _____ City/State: _____

Institution: _____ City/State: _____

Institution: _____ City/State: _____

On-the-Job Training (OJT) - Add another page if needed

Briefly explain your on-the-job training (OJT) plan and key competencies covered:

Does your company offer tuition reimbursement? Yes No

If yes, maximum dollar amount per year? _____

Please describe possible career advancement opportunities for employees who complete dual training:

Acknowledgment and Submission

I certify that my answers are true and complete to the best of my knowledge and for the purposes of review for potential state recognition. I understand that some or all of the information provided in this application may be made public.

I also agree to meet with Department of Labor and Industry Minnesota Dual-Training Pipeline staff once throughout the year to discuss the status of the dual-training program.

Name: _____ Title: _____

Signature: _____ Date: _____

Submit your completed application to PIPELINE.Program@state.mn.us.

For additional information visit www.dli.mn.gov/pipeline.