



# 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](mailto:PIPELINE.Program@state.mn.us).

For additional information visit [www.dli.mn.gov/pipeline](http://www.dli.mn.gov/pipeline).