U.S. Department of Labor Employment and Training Administration

Occupational Code Assignment (OCA) Form – Part A						
Request Number:	Analyst:		Date of Receipt:		OMB No. 1205-0137 Expires: 03-31-2013	
or occupational specialty to a	an O*NET-SC SOC) based so the O*NET lay ease complete atact information that in the O*I ar answers to	OC occupation. The Occupationsystem. The information gat titles database, and 3) is continuous the items on the Occupation ion. For items 7-22, please pNET system. Once received	tional Information thered during the asidered during the lal Code Assignrorovide the most, an occupationa	on Network (O*NE OCA Process: 1) he O*NET-SOC on nent (OCA) Form accurate description I analyst at the Na	leads to code assignments for occupational classification – Part A to the best of your on of the job or occupation tional Center for O*NET	
1. Contact Name(s) and Orga (Include name(s) of individual(s) request, as well as name of organi agency, business, etc.): Name: Name: Org:	submitting	2. Contact Address (Included and zip code): Address: City: State: Zip:	de city, state	☐ Individu☐ Office o	er/Business	
4. E-mail Address(es):		5. Telephone Number(s):		6. Date (mm/dd	/yy) Submitted:	
7. Occupation (Please write the title of the job or occupation that you would like reviewed and assigned within the O*NET-SOC classification system.): 8. Overall Purpose or Summary of Occupation (Summarize the overall objective or purpose of the occupation, such as "plan, direct, and coordinate training activities of an organization."):						
9. Tasks (In order of importan such as "appraises and invento operations in emergencies" or 1. 2. 3. 4. 5.	ries real and p	personal property," to begin	these task statem			
10. Work Activities (In order occupation. Representative ge "communicating with people of 1. 2. 3. 4. 5.	neralized wor	rk activities are "analyzing d				

interactions (List the types of people that individuals within this occupation interact with during a typical workweek. Representative interactions are "customers," "supervisor," "accountants," "lawyers," "students," "co-workers," or "patients."):					
12. Physical Activities (List the primary physical activities performed within this occupation. Representative physical activities are "load boxes on an assembly line," "climb up and down poles to install electricity," or "walk between work stations in a small office."):					
13. Skills (In order of importance, list the skills required to perform the tasks and responsibilities of this occupation. Representative skills are "critical thinking," "persuasion," "complex problem solving," "management of financial resources," or "management of personnel resources."):					
1.					
2.					
3.					
4. 5.					
14. Knowledge Areas (In order of importance, list the knowledge areas required to perform the tasks and responsibilities of this occupation. Representative knowledge areas are "sales and marketing," "food production," "foreign language," or "telecommunications."):					
1.					
2.					
3.					
4.					
5.					
15. Education (Please indicate the educational preparation typically requested or required to qualify for this occupation. The information you provide is subject to independent verification.):					
Formal education Graduate education					
☐ Less than a High School Diploma ☐ Post-Baccalaureate Certificate					
High School Diploma (or GED or High School Master's Degree					
Equivalence Certificate Post-Master's Certificate Post-Master's Certificate					
Post-Secondary Certificate – awarded for training completed after high school					
Some College Courses Doctoral Degree Post Doctoral Training					
Associate's Degree (or other 2-year degree)					
Bachelor's Degree					
16. Training/Experience (Please indicate the training/experience typically requested or required to qualify for this occupation. Please check all boxes that apply. The information you provide is subject to independent verification.):					
On-the-Job Training (please indicate duration of time in months or years):					
Apprenticeship (please indicate duration of time in number of years):					
On-Site or In-Plant Training (please indicate duration of time in months or years):					
Prior Work Experience (please indicate duration of time in months or years):					
☐ Indicate Field of Study:☐ Specific Licensure/Certification Required:					
Specific Licensure/Certification Required: Other:					

17. Machines, Equipment, Tools and Software (METS) (In order of importance, list the machines, equipment, tools, and software used to perform the tasks and responsibilities of this occupation. Representative machines, equipment, tools, and software are "lathe," "hand tools," "environmental monitoring equipment," "personal protective equipment," or "software packages."):
18. Product(s)/Service(s) (List the product(s)/service(s) delivered by individuals performing the tasks and responsibilities of this occupation. Representative product(s)/service(s) are "bakery goods," "lumber," "printing," "musical instrument rental," "automobile repairs," or "food preparation."):
19. Industry (In order of importance, list the primary industry or industries where this occupation is found. Representative industries are "construction," "educational services," "manufacturing," or "retail trade." Please include SIC/NAICS code(s) if known.):
20. Web Sites/Resources (List web sites or other resources where information about the occupation can be found.):
21. Explanation of Submittal (Optional: It may be helpful to indicate the reasons you are seeking this occupational code assignment.):
22. Additional Information/Comments (List or attach any additional information or comments that may help in assigning this job or occupation to an O*NET-SOC occupation. Additional information may include items, such as on-the-job training schedules or curriculum for relevant training programs.):

Public Burden Statement: The U.S. Department of Labor, Employment and Training Administration may not conduct or sponsor, and persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information, which is voluntary, is estimated to average 30 minutes per response, including the time for reviewing instructions, and completing and reviewing the collection of information. This is public information and there is no expectation of confidentiality. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the U.S. Department of Labor, Office of Workforce Investment (OWI), Attn: O*NET Project, Mail Stop S4231, 200 Constitution Ave. NW, Washington, DC 20210 (OMB Control Number 1205-0137).

Please Send Completed OCA Form – Part A to:



Rod Smith National Center for O*NET Development, 318 East Main Street Belleville, Illinois 62220

E-mail: oca@onetcenter.org Fax: 919-715-0778

The National Center for O*NET Development will process your request within 14 business days. If we need additional information to process your request, we will contact you based on the contact information you provided on the OCA Form – Part A. After completing our analysis of your request, we will send you an OCA Form - Part B that will list and explain the code assignment.