

# 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: XX-XX-20XX

**Instructions:** An occupational code assignment (OCA) is a process established to help occupational information users relate a job title or occupational specialty to an O\*NET-SOC occupation. The Occupational Information Network (O\*NET) is a Standard Occupational Classification (SOC) based system. The information gathered during the OCA Process: 1) leads to code assignments for customers, 2) helps update the O\*NET lay titles database, and 3) is considered during the O\*NET-SOC occupational classification review and development. Please complete the items on the Occupational Code Assignment (OCA) Form – Part A to the best of your ability. Items 1-6 collect contact information. For items 7-20, please provide the most accurate description of the job or occupation that you are attempting to locate in the O\*NET system. Once received, an occupational analyst at the National Center for O\*NET Development will review your answers to OCA Form – Part A. Upon analysis, the analyst will send you an OCA Form – Part B that will list and explain the code assignment.

**1. Contact Name(s) and Organization**

(Include name(s) of individual(s) submitting request, as well as name of organization, agency, business, etc.):

Name:

Name:

Org:

**2. Contact Address** (Include city, state and zip code):

Address:

City:

State:

Zip:

**3. Check Appropriate Box:**

- Employer/Business  
 Individual  
 Office of Apprenticeship (OA)  
 Foreign Labor Certification (FLC)  
 Other

**4. E-mail Address(es):**

**5. Telephone Number(s):**

**6. Date (mm/dd/yy) Submitted:**

**7. 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 NAICS code(s), if known, or describe the product or service provided by establishments that employ this type of worker):

**8. Title** (Please write the title of the job or occupation that you would like reviewed and assigned within the O\*NET-SOC classification system.):

**9. Summary Description of Job/Occupation** (Summarize the overall objective or purpose of the occupation, such as “plan, direct, and coordinate training activities of an organization.”):

**10. Tasks** (In order of importance, list the most important and/or regularly performed tasks for this occupation. Please use action verbs, such as “appraises and inventories real and personal property,” to begin these task statements. Representative tasks are “direct safety operations in emergencies” or “prepare daily reports of fuel, oil, and accessory sales.”):

- 1.
- 2.
- 3.
- 4.
- 5.

**11. Work Activities** (In order of importance, list the most important and/or regularly performed generalized work activities for this occupation. Representative generalized work activities are “analyzing data or information,” “making decisions or solving problems,” or “communicating with people outside the organization.”):

- 1.
- 2.
- 3.
- 4.
- 5.

**12. 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.”):

**13. 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.”):

**14. Knowledge Areas** (In order of importance, list the knowledge or subject matter areas required to perform the tasks and responsibilities of this occupation. Representative knowledge areas are “administration and management,” “mathematics,” “biology,” “customer or personal service”, “public safety and security”, or “medical terminology”.):

- 1.
- 2.
- 3.
- 4.
- 5.

**15. Education** (Please indicate the level of educational preparation typically requested or required to qualify for this occupation. The information you provide is subject to independent verification.):

**Formal education**

- Less than a High School Diploma
- High School Diploma (or GED or High School Equivalence Certificate)
- Post-Secondary Certificate – awarded for training completed after high school
- Some College Courses
- Associate’s Degree (or other 2-year degree)
- Bachelor’s Degree

**Graduate education**

- Post-Baccalaureate Certificate
- Master’s Degree
- Post-Master’s Certificate
- First Professional Degree
- Doctoral Degree
- Post Doctoral Training

**Indicate Field of Study:**

**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:**
- Other:**

**17. Tools or Technology Used** (In order of importance, list the machines, equipment, tools, software, and information technology or devices workers may use to perform the tasks and responsibilities of this occupation. Representative tools and technology are “lathe,” “hand tools,” “environmental monitoring equipment,” “spreadsheet,” or “software packages.” You may specify by name rather than category.):

**18. Web Sites/Resources** (List web sites or other resources where information about the occupation can be found.):

**19. Explanation of Submittal** (Optional: It may be helpful to indicate the reasons you are seeking this occupational code assignment.):

**20. 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.) If this request is part of registering an apprenticeship program, please attach Work Process Schedule, if available:

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:**

**OCA Specialist, O\*NET Project  
Employment and Training Administration  
U.S. Department of Labor  
Mail Stop C4526  
200 Constitution Avenue, N.W.  
Washington, D.C. 20210  
E-mail: [oca@onetcenter.org](mailto:oca@onetcenter.org)**



**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.**