

Date: _____

Please fill in information requested below and attach required documentation.
Return to:

Office of Apprenticeship Training - Completion
Connecticut Department of Labor
200 Folly Brook Boulevard
Wethersfield, CT 06109

Please be advised that apprentice _____
(Name – Print or Type exactly as desired on certificate)

(Current Address)

has satisfactorily completed his/her training in the trade of _____

on _____ and is recommended for a Certificate of Apprenticeship Completion.*

Total hours/years of training program _____

Completed related classes at _____
(Name of School)

Graduated from _____
(Technical School) (Course) (Year)

Attach documentation (**required**) regarding completion of related instruction.

If a licensed trade:

License (to be) applied for _____
(Type and Number)

(Sponsor)

(Address)

(Signature & Title of Authorized Representative of Sponsor)

(Print Name and Title of Authorized Representative of Sponsor)