



STATE OF NEVADA
NEVADA STATE APPRENTICESHIP COUNCIL
555 EAST WASHINGTON AVENUE, 4100
LAS VEGAS NV 89101
(702) 486-2650

APPRENTICESHIP REQUEST FOR COMPLETION CERTIFICATE

APPRENTICE INFORMATION

Full Name of Apprentice: _____ I.D. # _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Trade: _____ Term: _____ Date Indentured: _____

Credit for previous experience: _____ (Hours) Total Hours of Related Instruction: _____

Completion Date: _____ Date Needed: _____

JOURNEY PERSON'S WAGE: \$ _____

PROGRAM INFORMATION

Program Number: _____

Name of Program: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

On behalf of the above named sponsor, I hereby certify that the apprentice named on this application has satisfactorily completed his/her apprenticeship program as registered with the Nevada State Apprenticeship Council and hereby recommend the issuance of the Certificate of Completion of Apprenticeship.

(Authorized Name)Print

(Signature)

Date)

Completion Request