

**Bureau of Apprenticeship and Training
U.S. Department of Labor**

APPLICATION FOR CERTIFICATION OF COMPLETION OF APRENTICESHIP

After both the related instruction facility and the program sponsor verify the information listed below this form is sent to:

USDOL/Bureau of Apprenticeship and Training
211 West Fort Street, Room 1319
Detroit, MI 48226

On-The-Job-Training

1. Name of Program Sponsor _____
2. Full Name of Apprentice _____
3. Social Security Number _____
4. Trade _____ Total Hours of On-The-Job Training _____
5. Number of Hours, Months, or Years Given for Credit for Previous Experience _____
6. Date of Completion _____

I certify that this apprentice has satisfactorily completed the on-the-job portion of our registered apprenticeship program.

Signature of Company Official _____ Date _____

Related Instruction

7. Total Hours of Related Instruction Completed _____
8. Related Instruction Facility Name _____
9. Trade _____

I certify that this apprentice has satisfactorily completed the related instruction portion of the above registered apprenticeship program.

Signature Verifying Related Instruction _____ Date _____