

REQUEST FOR APPRENTICE VERIFICATION

To: Office of the Labor Commissioner
 Nevada State Apprenticeship Council
 555 E Washington Avenue #4100
 Las Vegas, Nevada 89101
 (702) 486-2738 / Fax (702) 486-2660

From: _____

Organization: _____

Phone: _____

Fax: _____

Attn: Lleta Brown, Apprenticeship Training Representative

Contractor: _____ Project Name: _____

APPRENTICE NAME	CRAFT	DATES WORKED	STATUS (For SAC Use Only)
		to	
		to	
		to	
		to	
		to	
		to	
		to	
		to	
		to	

.....Do Not Write Below This Line.....

CRAFT: _____ RATIO: _____ Apprentice per _____ Journeymen; Thereafter _____ Apprentice per _____ Journeymen

CRAFT: _____ RATIO: _____ Apprentice per _____ Journeymen; Thereafter _____ Apprentice per _____ Journeymen

Prepared By: _____, Office of the Labor Commissioner Date: _____ **VOID AFTER 60 DAYS**

Status Codes: IN= Indentured/Registered into program; CAN= Canceled from program; SU= Suspended from training; COM= Completed Training/Graduated;
 REIN= Reindentured after cancellation; RI= Reinstated after suspension; NF= Not Found

NOTE: Apprentice wages may not be paid for time worked during canceled or suspended time periods.