



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