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 (Current Address) has satisfactorily completed his/her training in the trade of Apprenticeship Completion 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(Sponsor) (Sponsor) (Sumulare & Tuile of Aubiorzed Representative of Sponsor)	Date:	
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	(Sponsor)	
(Signature & Title of Authorized Representative of Sponsor)	(Address)	
(Signature & Title of Authorized Representative of Sponsor)		
	(Signature & Title of Authorized Representative of Sponsor)	