



STATE OF CONNECTICUT  
DEPARTMENT OF LABOR  
OFFICE OF APPRENTICESHIP TRAINING

RECIPROCAL  
REGISTRATION INVOICE

(PLEASE PRINT OR TYPE)

**Section 1 – Sponsor Information**

Sponsor (Company) Name \_\_\_\_\_

Contact Person \_\_\_\_\_  
(Name & Title)

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Mail Address \_\_\_\_\_  
(If different from above)

**Section 2 - Payment**

Apprentice Fee (\$50 for each apprentice being registered) \$ \_\_\_\_\_

Sponsor Fee (\$60 for each apprentice being registered) \$ \_\_\_\_\_

**Total Payment** \$ \_\_\_\_\_

Payment may be in the form of one check for the total amount due. Make check(s) or money order(s) payable to Department of Labor/Apprenticeship Training and mail to:

**Connecticut Department of Labor  
Office of Apprenticeship Training  
200 Folly Brook Boulevard  
Wethersfield, CT 06109**