



**STATE OF CONNECTICUT
DEPARTMENT OF LABOR
OFFICE OF APPRENTICESHIP TRAINING**

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)

Employer Registration No. (CT Unemployment Tax No.) _____

Section 2 - Payment

Apprentice Fee (\$50.00 for each apprentice being registered) \$ _____

Sponsor Fee (\$60.00 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**