

**LOUISIANA WORKFORCE COMMISSION
OFFICE OF WORKFORCE DEVELOPMENT
LABOR PROGRAMS SECTION
APPRENTICESHIP DIVISION
POST OFFICE BOX 94094
BATON ROUGE, LOUISIANA 70804-9094**

APPRENTICESHIP REQUEST FOR COMPLETION CERTIFICATE

Program Sponsor

Address

Full Name of Apprentice

Social Security Number

Indenture Number

Trade

Date Apprenticeship Began

Date Apprenticeship Completed

Related Instruction Total Hours

On The Job Training Total Hours

Credit for Prior Experience/Training - **Explanation as Needed**

Remarks:

Certification:

I, the undersigned, authorized representative of the above named Program Sponsor, having thorough knowledge of the applicable Apprenticeship Standards, and having properly examined the above named apprentice and his/her record of work experience and knowledge of the trade, do hereby recommend and request that he/she be issued a Certificate of Completion of Apprenticeship. The preceding information is submitted to substantiate our belief that this person is well trained in both the manipulative skills and technical knowledge of the trade and should be classified as a journeyman.

Name and Title of Authorized Program Sponsor Official (Please Type or Print)

Signature

Date

LWC Office Use Only: Date: _____ Number: _____