

**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: \_\_\_\_\_