

REQUEST FOR APPRENTICE VERIFICATION

To: Governor's Office of Workforce Innovation
 Nevada State Apprenticeship Council
 555 E. Washington Ave., Ste. 4900
 Las Vegas, Nevada 89101
 (702) 486-8080
Dionna Luckett dluckett@gov.nv.gov

Andres Feijoo afeijoo@gov.nv.gov

From: _____

Organization: _____

Phone: _____

Email address: _____

Contractor: _____ Project Name: _____

APPRENTICE NAME	APPRENTICE ID #	%	CRAFT	DATES WORKED	DATE APPR. BEGAN	DATE CAN.	DATE COMP

.....Do Not Write Below This Line.....

CRAFT: _____ RATIO: _____ Apprentice per _____ Journeymen; Thereafter _____ Apprentice per _____ Journeymen

CRAFT: _____ RATIO: _____ Apprentice per _____ Journeymen; Thereafter _____ Apprentice per _____ Journeymen

Prepared By: _____, Office of Workforce Innovation Date: _____

Status Codes: IN= Indentured/Registered into program; CAN= Canceled from program; SU= Suspended from training; COM= Completed Training/Graduated;
 REIN= Reindentured after cancellation; RI= Reinstated after suspension; NF= Not Found

NOTE: Apprentice wages may not be paid for time worked during canceled or suspended time periods. *Verifications will be returned within 72 hours **Rev. 11/17**