



OFFICE OF THE LABOR COMMISSIONER  
NEVADA STATE APPRENTICESHIP COUNCIL  
3340 WEST SAHARA AVENUE  
LAS VEGAS, NV 89102  
[nevadasac@labor.nv.gov](mailto:nevadasac@labor.nv.gov)

## NOTICE OF APPRENTICE COMPLETION

(PLEASE PRINT OR TYPE)

### APPRENTICE INFORMATION

Full Name of Apprentice: \_\_\_\_\_ RAPIDS ID # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Trade/Occupation: \_\_\_\_\_ Term Length: \_\_\_\_\_ Date: \_\_\_\_\_

Registration Date: \_\_\_\_\_ Credit for previous experience (hours): \_\_\_\_\_

Total Hours of Related Instruction: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Date Needed: \_\_\_\_\_ Journey Person's Wage: \$ \_\_\_\_\_

### PROGRAM INFORMATION

RAPIDS Program Number: \_\_\_\_\_

Name of Program: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax or Email: \_\_\_\_\_

On behalf of the above-named sponsor, I hereby certify that the apprentice named on this application has satisfactorily completed his/her apprenticeship program as registered with the Nevada State Apprenticeship Council and hereby recommend the issuance of the Certificate of Completion of Apprenticeship.

\_\_\_\_\_  
(Authorized Name) Print

\_\_\_\_\_  
Date