

STEVE SISOLAK  
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## STATE OF NEVADA



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Office of the Labor Commissioner  
**STATE APPRENTICESHIP COUNCIL**

<http://www.labor.nv.gov>

### NOTICE OF APPRENTICE COMPLETION

(Please Print or Type)

#### APPRENTICE INFORMATION

Full Name of Apprentice: \_\_\_\_\_ I.D. # \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Trade: \_\_\_\_\_ Term: \_\_\_\_\_ Date \_\_\_\_\_

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

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

Date Needed: \_\_\_\_\_ JOURNEY PERSON'S WAGE: \$ \_\_\_\_\_

#### PROGRAM INFORMATION

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

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

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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.

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Authorized Name (Printed)

Signature

(Date)