



For Official Use Only

**STATE OF CONNECTICUT
DEPARTMENT OF LABOR
OFFICE OF APPRENTICESHIP TRAINING**

**APPRENTICESHIP COMPLETION CERTIFICATE
DUPLICATE APPLICATION**

Fill out this application in full and **submit copies of any documents that you possess to assist the Department in researching your request for a duplicate completion certificate.** This application must be accompanied by a check or money order in the amount of \$30.00 made payable to **“Department of Labor/Apprenticeship Training”** and returned to:

**CONNECTICUT DEPARTMENT OF LABOR
OFFICE OF APPRENTICESHIP TRAINING
200 FOLLY BROOK BLVD
WETHERSFIELD, CT 06109**

(PLEASE PRINT OR TYPE)

Name: _____

Social Security #: _____ Date of Birth: _____

Street Address: _____

City, State, Zip: _____

Trade: _____

Date of Completion: _____

Sponsor (company where you completed your apprenticeship program):

Street Address: _____

City, State, Zip: _____