



For Official Use Only

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

**APPRENTICESHIP IDENTIFICATION CARD
REPLACEMENT APPLICATION**

Dear Apprentice:

Fill out this application in full – all spaces must be completed and signed by both you and your sponsor. This application **must be accompanied by a check or money order** in the amount of \$10.00 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 note: The identification card will be **valid for this sponsor only**. Change of employment/registration will require payment of a \$50.00 new registration fee from the apprentice and a \$60.00 new registration fee from the new employer (sponsor).

(PLEASE PRINT OR TYPE)

Apprentice Name: _____

Social Security #: _____ Date of Birth: _____

Street Address: _____

City, State, Zip: _____

Trade: _____

Apprentice Signature: _____ Date: _____

Where are you attending related instruction?

- Association School
- In-House Program
- Private School
- State Voc. Tech School
- Union School
- Related Instruction completed
- Voc. Tech School Graduate (Related Instruction Completed)

Sponsor (Company) Name: _____

Street Address: _____

City, State, Zip: _____

Signature of Sponsor’s Representative: _____ Date: _____