



For Official Use Only

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

**GOLD SEAL LICENSE EXAM ELIGIBILITY LETTER
REQUEST FOR DUPLICATE**

Fill out this application in full – all spaces must be completed and the form signed. This application must be accompanied by a check or money order in the amount of \$20.00 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 eligibility letter is only valid for 30 days. You must submit the letter and completed application to P.S.I. during that period or a new letter will be required.

(PLEASE PRINT OR TYPE)

Apprentice Name: _____

Phone: _____ Email: _____

Street Address: _____

City, State, Zip: _____

Trade: _____

Date of Apprenticeship Completion: _____

Sponsor Name (company where you completed your apprenticeship program):

Street Address: _____

City, State, Zip: _____