



**Department of Labor Standards  
Division of Apprentices Standards**

Program Sponsor:

Trade:

School Attended:

**REQUEST FOR CERTIFICATE OF COMPLETION OF APPRENTICESHIP**

Apprentice Name (to appear on Certificate)	Compliance with Related Instruction Requirement?	Completion date (month/day/year, to appear on Certificate)	Comments

**INSTRUCTIONS**

- 1.....Type or print legibly.
- 2.....Supply complete information. Incomplete requests cannot be processed and will be returned.
- 3.....If during the term of apprenticeship the program sponsor re-evaluated the apprentice and decided to upgrade him/her via additional credit, the sponsor must request the extra credit in writing with reasons, before or with the submission of this certificate request.

Mailing Address:

Submitted By:

Date (M/D/Y)

Compliance Officer

**FOR OFFICE USE ONLY**

To Calligrapher:	To Board of Registration for Signature:	Mailed to Sponsor G / Field Rep. G
Returned from Calligrapher:	Returned from Board:	Date:

Date

Dispensing Optician Only (THIS SECTION)

Date