

**Ohio State Apprenticeship Council****APPLICATION FOR CERTIFICATE OF COMPLETION OF APPRENTICESHIP**

Name of Apprenticeship Field Representative (ATR/ASP)

1.a. Sponsor Organization Name	1.b. Sponsor ID Number
2. Sponsor Mailing Information:	
PO Box and/or Street Address	
City, State, Zip	

3.a. Full Name of Apprentice	3.b. Apprentice ID Number
3.c. Apprentice Birth Date	4. Occupation
5. Normal Apprenticeship Term for the Full Program	6.a. Apprentice Beginning Date (Indenture)
6.b. Apprentice Registration Date	7.a. Prior Credit Hours Given this Individual for On-The-Job Training (OJT) _____
7.b. OJT Hours Worked by this Individual Since Indenture	8.a. Completion Date
8.b. Wage at Completion	

9.a. Prior Credit Hours Given this Individual for Related Instruction (RTI) _____	9.b. RTI Hours Completed by this Individual Since Indenture
10.a. RTI Provider Organization Name	
10.b. RTI Provider Organization Type ( <i>Check all that apply</i> ):	
<input type="checkbox"/> (a) public vocational school	<input type="checkbox"/> (e) employer organization
<input type="checkbox"/> (b) private trade school	<input type="checkbox"/> (f) journey-worker instructor
<input type="checkbox"/> (c) correspondence course	<input type="checkbox"/> (g) individual study
<input type="checkbox"/> (d) company	<input type="checkbox"/> (h) other ( <i>please specify</i> ) _____
11. Teacher(s) or Director(s) of RTI Certifying Item 9.a., 9.b., 10.a., and 10.b. Above	
Name	Address
Name	Address

12. Sponsor Representative Attestation	
On behalf of the above-named sponsor, I hereby certify that the apprentice named in the application has satisfactorily completed his/her apprenticeship program as registered with the Ohio State Apprenticeship Council, and hereby recommend the issuance of the CERTIFICATE OF COMPLETION OF APPRENTICESHIP.	
Signature	Date
Title	