



P.O. Box 1728 Helena, MT 59624-1728 (406) 444-4100 FAX (406) 444-3037 APPRENTICESHIP.MT.GOV

**MONTANA REGISTERED APPRENTICESHIP PROGRAM
REQUEST FOR CERTIFICATE OF COMPLETION OF APPRENTICESHIP**

Complete one of these forms for each apprentice who has fully completed a program.

PROGRAM INFORMATION

Sponsor Name: _____ Program Number: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

APPRENTICE INFORMATION

Full Name of Apprentice: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

Occupation: _____ Term: _____

Start Date: _____ **Hours Completed:** _____ Hours of Related Instruction: _____

Completion Date: _____ **Hourly Wage at Completion:** \$ _____

AFFIDAVITS OF COMPLETION

Please attach documentation of completion of required Related Technical Instruction courses and On-the-Job Training showing that the apprentice has attained proficiency in their occupation. Documentation must include 1 selection from RTI and 1 selection from OJT listed below:

- (RTI) - college or course transcripts or college program completion certificate; or
- (RTI) - signed statement of course completion from in-class study instructor; AND
- (OJT) - hour books or other electronic hour tracking system; or
- (OJT) - signed competency checklists; or
- (OJT) - signed statement from the program sponsor that all OJT hours have been completed.

I certify that the above named apprentice has satisfactorily completed their apprenticeship program as registered with the Montana Registered Apprenticeship Program. Documentation of OJT and RTI completion **is attached**. I recommend the issuance of the CERTIFICATE OF COMPLETION OF APPRENTICESHIP.

Signature of Program Sponsor or Representative Title _____
Date