

**U.S. DEPARTMENT OF LABOR  
BUREAU OF APPRENTICESHIP AND TRAINING  
APPLICATION FOR CERTIFICATION OF COMPLETION OF APPRENTICESHIP**

1. Name of Sponsor \_\_\_\_\_  
(Employer, J.A.T.C., etc.)
2. Address \_\_\_\_\_  
(Street #) (City, State, Zip code)
3. Full Name of Apprentice \_\_\_\_\_  
(Exactly as it should appear on certificate)
4. Student # or Social Security # \_\_\_\_\_
5. Wage Rate at Completion \_\_\_\_\_  
(Mandatory)
6. Trade \_\_\_\_\_ Term \_\_\_\_\_  
(Years, months, or hours)
7. Beginning Date of Apprenticeship \_\_\_\_\_ Registered \_\_\_\_\_
8. Number of Years, Months, or Hours of Advanced Credit Allowed \_\_\_\_\_
9. Date of Completion \_\_\_\_\_
10. Total Hours of Related-Trade Instruction Completed \_\_\_\_\_  
GRCC to fill in above line
11. Related Instruction Furnished by:  
Grand Rapids Community College (a) Public vocational school  
\_\_\_\_\_ (b) Private trade school  
\_\_\_\_\_ (c) Correspondence  
\_\_\_\_\_ (d) Company  
\_\_\_\_\_ (e) Employee organization  
\_\_\_\_\_ (f) Journeyworker instructor  
\_\_\_\_\_ (g) Individual study  
\_\_\_\_\_ (h) Other (specify)

12. Director(s) of Related-Instruction Certifying Item 10 Above (GRCC to complete item #12):

Name \_\_\_\_\_

Address: 143 Bostwick NE, ATC-212

Signature \_\_\_\_\_

Grand Rapids, MI 49503

On behalf of the above named sponsor, I hereby certify that the apprentice name on this application has satisfactorily completed his/her apprenticeship program as registered with the Bureau of Apprenticeship & Training and hereby recommend the issuance of the Certificate of Completion of Apprenticeship.

Date \_\_\_\_\_

Signed \_\_\_\_\_

(Company Representative)

Title \_\_\_\_\_

**\*\* Lines 1-9 of this form should be completed by the company apprenticeship coordinator, in addition to signing in the box at the bottom. The form should then be sent to GRCC (fax: 616-234-3533 or kelseemullins@ggcc.edu) for verification of schooling hours. GRCC will forward the form to the Department of Labor for processing.\*\***