

REQUEST FOR DUPLICATE APPRENTICESHIP COMPLETION CERTIFICATE

From: _____

MAIL TO: Department of Education
Division of Career and Adult Education
Apprenticeship Section
325 West Gaines St., Suite 754
Tallahassee, FL 32399-0400

Please issue a duplicate apprenticeship completion certificate to the individual named below:

Name: _____

Date of Birth: _____ **Social Security Number (optional):** XXX-XX-_____

Apprentice I.D. Number: FL_____

Program Name: _____

Program Number: _____

Program Address: _____

Occupation: _____

Date Completed: _____

DUPLICATE COMPLETION CERTIFICATE WILL ONLY BE MAILED TO THE INDIVIDUAL / DESIGNEE

Individual's / Designee's Mailing Address: _____

Phone Number: _____

Individual's / Designee's Signature: _____

Date Requested: _____

Requested By: _____
(Signature required by Designee other than apprentice)

PLEASE NOTE

Request for a duplicate certificate will require the individual's term of training be verified through official records maintained by the registration agency. Duplicate certificates will be issued only to those individuals for whom records can be verified.