REQUEST FOR APPRENTICE VERIFICATION

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| To: | Governor’s Office of Workforce InnovationNevada State Apprenticeship Council555 E. Washington Ave., Suite 4900Las Vegas, NV 89101(702) 486-8080**When completed, email to:****Andres Feijoo** **ajfeijoo@gov.nv.gov** | Requesting Contractor/Org: |  |
| RequestedBy: |  |
| Phone: |  |
| EmailAddress: |  |
| Date Requested: |  |

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| **APPRENTICE NAME** | **Rapids****ID #** | **CRAFT** | **PROGRAM ADMINISTRATOR**(for example, Local 12) | **START DATE****IN PRGM** | **CURRENT****STATUS\*** |
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| **For Apprenticeship Council Use Only** |
| Craft: |  | Ratio: |  | Apprentice per |  | Journeymen; thereafter |  | Apprentice per |  | Journeymen |
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| Verified by: |  | , Office of Workforce Innovation. | Date: |  |

\*Status Codes: IN= Indentured/Registered into program; CAN= Canceled from program; SU= Suspended from training; COM= Completed Training/Graduated;

REIN= Indentured after cancellation; RI= Reinstated after suspension; NF= Not Found

NOTE: Journeymen wages must be paid for time worked during canceled or suspended time periods or when required ratios are not met.