



# APPLICATION FOR CERTIFICATE OF COMPLETION OF APPRENTICESHIP



Name of Apprentice:

Social Security Number:  MATC #

Program Sponsor:

Sponsor's Address:

### ON-THE-JOB-TRAINING

The above named apprentice has satisfactorily completed the apprenticeship on-the-job work processes as specified under standards registered with the Maryland Apprenticeship and Training Council for the occupation/trade listed below.

### RELATED INSTRUCTION:

The above named apprentice has satisfactorily completed the apprenticeship related instruction totaling  hours and covering subject areas as outlined in the standards registered with the Maryland Apprenticeship and Training Council for the occupation/trade listed below.

Occupation/Trade:

Date of initial agreement:  with  OJT credit hrs. and  RI credit hrs.

Date of OJT Completion:  Date of RI Completion:

Total of OJT Completion:  Total RI Hours Certified:

### REMARKS:

**IT IS RECOMMENDED THAT A CERTIFICATE OF COMPLETION BE AWARDED.**

Signature of Sponsor

Signature of School Official

Title

Title

Date

School

Date

**Division of Workforce Development and Adult Learning  
Maryland Apprenticeship and Training Program  
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