

Wisconsin Department of Safety and Professional Services

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

APPRENTICE PRACTICAL CERTIFICATION OF TRAINING

Instructions: Completion of this form certifies that the apprentice has completed the Apprentice Practical Instruction. This certification is to be provided by the Manager of Record where the apprenticeship was served. This form should be mailed by the Manager of Record to: DSPS - Professional Credential Processing, PO Box 8935, Madison, WI 53708-8935, or emailed to: DSPSCREDBAC@wisconsin.gov.

SECTION A: ESTABLISHMENT INFORMATION

<input type="text"/>	
Name of Establishment	
<input type="text"/>	
Address of Establishment (street, city, state, zip)	
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
Establishment License Number	Telephone Number of Establishment

SECTION B: CERTIFICATION OF APPRENTICESHIP

I certify the applicant below was trained as an apprentice at this establishment under my supervision as required by Wis. Stat. §454.10, 454.26 and Wis. Admin. Code § COS 6 and SPS 50.310.

<input type="text"/>		
Name of Applicant		
<input type="text"/>	/	<input type="text"/>
<input type="text"/>	/	<input type="text"/>
Date of Birth		
<input type="text"/>	/	<input type="text"/>
<input type="text"/>	/	<input type="text"/>
<input type="text"/>	/	<input type="text"/>
Number of Hours Worked	Date Trained From	Date Trained To
<input type="text"/>	<input type="text"/>	<input type="text"/>
Apprentice Permit Number		
<input type="text"/>		

By signing below, I attest as the Manager of Record, under the penalties of perjury, the foregoing statements are true to the best of my knowledge and belief, and that I personally signed this statement.

I understand and agree to the above statements.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of Manager of Record (Print and Sign Form)	Manager License Number	Date