

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 714
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.

Instructions for Completing the Duplicate Apprenticeship Completion Certificate Request Form

The Duplicate Apprenticeship Completion Certificate is primarily a verification document that validates the completion of an apprenticeship program by the registration agency. The duplicate request can only be made by the individual or a close relative designee (spouse, parent, child, etc.). All others will be denied. For special circumstances, please contact the Apprenticeship Office directly.

From:	Full legal name of apprentice as it would have appeared on original certificate Physical address (PO Box is not acceptable) City, State, Zip Code
Name:	Full legal name of apprentice as it would have appeared on original certificate
Date of Birth:	Use mo/day/year format (example: 01/15/1995)
Social Security Number:	Provide ONLY the last four digits. This information is used for research purposes only and will not be used for any other purpose.
Apprentice I.D. Number:	All registered apprentices are issued a Florida apprentice I.D. Please provide this number, if known.
Program Name:	Name of the Registered Apprenticeship Program you participated in, if known.
Program Number:	Registered Apprenticeship Program Number, if known.
Program Address:	Address of the Registered Apprenticeship Program, if known. If you do not know the actual address, a partial address will help in the research process.
Occupation:	Occupation to which you received the Apprenticeship Certificate.
Date Completed:	Completion date of your apprenticeship, if known. If you do not know the specific date, a partial date will help in the research process. Use mo/day/year format (example: 05/29/2020).
Individual's / Designee's Mailing Address:	Physical mailing address to where the duplicate apprenticeship certificate is to be sent ONLY IF IT IS DIFFERENT from the address you provided at the top of the request form. IF SAME, Please write "SAME AS ABOVE" in the space provided. REMEMBER, duplicate apprenticeship certificates will only be sent to the individual's primary residential address.
Phone Number:	Valid phone number. This number will only be used if additional information is needed in order to complete the request.
Individual's / Designee's Signature:	Sign request form in BLUE ink.
Date Requested:	Date you completed this form. Use mo/day/year format (example: 07/11/2023)