



## MAINE APPRENTICESHIP PROGRAM REQUEST FOR COMPLETION CERTIFICATE FORM

Complete one of these forms for each apprentice who has fully completed a program.

Sponsor Name:

Apprentice Name:

Apprentice RAPIDS Number:

Occupational Program:

Apprentice Start Date:

Previous Hours Credited:

Total Hours Completed:

Completion Date:

Hourly Wage at Completion:

### AFFIDAVIT OF COMPLETION

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I certify that the above name apprentice has satisfactorily served as an apprentice in accordance with the standards approved by the Maine Apprenticeship Program. Documentation of completion of required Work Experience Skill Standards and successful completion of required Related Instruction will either be uploaded into the Federal RAPIDS database or kept in Sponsor's files for a minimum of 5 years. Having completed the practical training and related instruction course prescribed, the apprentice is now a qualified Journeyman.

Sponsor Signature:

Date:

Sponsor Name:

Title:

MAP Signature:

Date:

**Submit this form to your assigned Apprenticeship Technical Representative.**

**Or mail to:** Maine Apprenticeship Program  
55 State House Station, Augusta, Maine 04333-0055