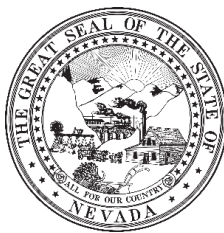


**Governor's Office of Workforce
Innovation (OWINN)**

Main Phone # 702-486-8080

When completed, email to:
NVApprenticeship@gov.nv.gov



**REQUEST FOR NEVADA
REGISTERED APPRENTICE
VERIFICATION**

Name of requesting contractor/awarding body/organization:	
Name and title of person requesting this verification:	
Contact phone # of person requesting this verification:	
Email address of person requesting this verification:	
Date this request was submitted to OWINN:	
Additional information regarding current Public Works projects for requester: (for example, project owner(s), PWP/contract #(s), project name(s), etc.)	

*APPRENTICE NAME (First, Last)	RAPIDS ID #	OCCUPATION	APPRENTICESHIP PROGRAM (for example, Local 12)
Additional information regarding apprentice(s): (for example, apprentice status, wage %, etc.)			

*Apprentices only need to be verified once per year/per contractor, and once approved, can be used for multiple Public Works.

Note: The Requesting Contractor/Awarding Body/Organization certifies and assures the information above is true and correct. It also acknowledges that Journeymen wages must be paid for time worked during canceled or suspended time periods or when required ratios are not met. Furthermore, the OWINN office will not process this Apprentice Verification request unless this form is signed, and ALL FIELDS are completed.

Signed: _____ **Date:** _____

Name/Title: _____

FOR OWINN USE ONLY

Date Received: _____

Occupation	Initial Ratio		Ratio Thereafter	
	Apprentice(s)	per Journeymen	Apprentice(s)	per Journeymen
	_____ / _____		_____ / _____	
	_____ / _____		_____ / _____	

OWINN Verified by: _____ Date: _____