

REQUEST FOR DUPLICATE COMPLETION CERTIFICATE

From: _____

To: Department of Education
Division of Career and Adult Education
Apprenticeship Section
325 West Gaines St., Suite 754
Tallahassee, FL 32399-0400

Please issue a duplicate completion certificate to the program participant named below:

Name: _____

Date of Birth: _____ **Social Security Number:** _____
Participant Number: _____

Program Name: _____
Program Number: _____
Program Address: _____

Trade: _____

Date Completed: _____

DUPLICATE COMPLETION CERTIFICATE WILL BE MAILED TO THE PARTICIPANT

Participant's mailing address: _____

Phone number: _____

Participant's signature: _____

Date requested: _____

Requested by: _____
(Name, Title and Affiliation, if requested by individual other than participant)

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 and/or the Florida Department of State, the Division of Archives, History and Records Management. Duplicate certificates will be issued only to those individuals for whom records can be verified
DCAE form APPR IWD-501 (Revised 06/09)