OCC Apprentice Trainee Rev. 10/01/2013

STATE OF CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION

OCCUPATIONAL & PROFESSIONAL LICENSING DIVISION

Telephone: (860) 713-6135 Email: occprotrades@ct.gov Web Site: www.ct.gov/dcp



For Official Use Only

Application for Apprentice Trainee Registration

When registration is requested for an area of the trade which is not available through the Connecticut Department of Labor, said contractor shall make his/her request to the appropriate board prior to the employment of the employee. "No person that has been issued an apprentice / trainee registration shall at any time engage in any of the work for which a license is required without direct supervision. Direct supervision shall mean under the guidance of a licensed Connecticut contractor or journeyperson and within the sight and/or hearing of said licensed person and not exceeding one apprentice / trainee to each licensed person on site".

Eligibility for an Apprentice Trainee Registration:

- 1) Attach applicant training program out line including content and hours for both related instruction and on the job training which shall be followed.
- 2) Attach list of all licensed persons and license numbers and type(s) that are available to supervise and train such applicant. List of existing Trainee's employed and registration numbers.
- 3) Total number of trainees employed cannot exceed number of license holders in company. Except such trainees shall not be counted that have completed the prescribed minimum course and on the job training requirements for work assigned.
- → Return your completed application to:

Department of Consumer Protection
Occupational and Professional Licensing Division
450 Columbus Blvd, Ste 901, Hartford, CT 06103

Applicant / Trainee Inform	ation:							
First Name	Middle Initial	P Initial Last Name		Occupation				
Street Address	City or Town				State	Zip Code		
Telephone Number (w/ area code)	Social Security Number Email Address					Date of Birth		
Your Employer / Company Name (Pro	ogram Sponsor)			Telephone	Number (1	w/ Area Code)		
Street Address	City or Town					Zip Code		
Contractor license number and type:	nd type: Licensed Contractor Name:							
Has the applicant ever been convicted of a felony crime?	Yes N	No						
Any persons making any misstatemen be subject to those penalties as provid			any person subscribing to	o or vouching	for any mi	sstatement shall		
SIGNED (Applicant / Train	SI	SIGNED (Licensed Contractor and number / type)						
SIGNED (Employer / Comp	Date:							