



APPRENTICE (STATE-APPROVED) VERIFICATION FORM

Contractor: _____ Bid Number: _____

Project Description: _____ Contract Number: _____

Employee Name: _____

Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Original Date of Hire: _____

Craft: _____ Apprenticeship Registration I.D.: _____

I hereby state, under penalty of perjury, that I am a Washington State Approved Apprentice

Signature of Employee: _____ Date: _____

Please attach a copy of the Apprenticeship Registration I.D. as proof of Washington State Apprenticeship status.

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Contractor Signature: _____ Date: _____

Title: _____