



OFFICE OF WORKFORCE DEVELOPMENT  
APPRENTICESHIP DIVISION  
POST OFFICE BOX 94094  
BATON ROUGE, LOUISIANA 70804-9094

## REGISTERED APPRENTICESHIP TAX CREDIT CERTIFICATION

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer/Company Name

\_\_\_\_\_  
Mailing Address: Street or Post Office Box

\_\_\_\_\_  
City State Zip Code

Phone \_\_\_\_\_ Website \_\_\_\_\_

\_\_\_\_\_  
EIN Corporation S-Corp Partnership Individual Estate/Trust  
**Type of Organization (Please check one)**

\_\_\_\_\_  
Tax Period (Please indicate beginning and ending date of fiscal year)

\_\_\_\_\_  
Legal Program Sponsor Name (Employer Association or JATC that administers the program, if applicable)

\_\_\_\_\_  
Employer/Employer Representative Signature Title & Date

\_\_\_\_\_  
Employer/Employer Representative Printed Name

\_\_\_\_\_  
Email Phone

The following named apprentice(s) are/were indentured with this employer during the fiscal year indicated. Employers are eligible for claiming \$1/hour worked by a registered apprentice, up to but not exceeding \$1,000 per apprentice/year:

APPRENTICE NAME	SOCIAL SEC. NO.	TOTAL HOURS WORKED	CREDIT CLAIMED
	- -		
	- -		
	- -		
	- -		
	- -		
	- -		
	- -		
	- -		
	- -		
	- -		
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	- -		
	- -		
	- -		
	- -		
	- -		
	- -		
	- -		
<b>TOTAL:</b>			

APPROVED: \_\_\_\_\_  
**Heather A. Stefan**  
 State Director of Apprenticeship  
 Louisiana Workforce Commission

DATE \_\_\_\_\_