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**STANDARDS OF APPRENTICESHIP**

***FOR***

|  |  |
| --- | --- |
| **SPONSOR INFORMATION:** | |
| **NAME:** |  |
| **STREET ADDRESS:** |  |
| **CITY, STATE, ZIP:** |  |
| **COUNTY:** |  |
| **CONTACT NAME:** |  |
| **PHONE:** |  |
| **EMAIL:** |  |

***FOR THE OCCUPATION(S) OF:***

|  |  |
| --- | --- |
| **OCCUPATION:** |  |

|  |  |
| --- | --- |
| **OFFICE USE ONLY:** | |
| **STANDARD NUMBER:** |  |
| **DATE APPROVED:** |  |

**FORM EFFECTIVE 01/2016**

**Apprenticeship Division**

**Minnesota Department of Labor & Industry**

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