

U. S. DEPARTMENT OF LABOR
BUREAU OF APPRENTICESHIP AND TRAINING (BAT)



VOUCHER
CREDIT FOR PREVIOUS EXPERIENCE

APPRENTICE'S NAME: _____ SSN: _____ TRADE: _____

COMPANY

HOURS CREDITED TOWARDS
ON-THE-JOB TRAINING

1.	_____	_____	_____	_____	_____
	Company's Name				Exact Title of Job
	_____	_____	_____	_____ - _____	
	Address	City	State	From	To
	_____	_____	_____	_____	_____
	Contact Person		Telephone		Hours Granted
2.	_____	_____	_____	_____	_____
	Company's Name				Exact Title of Job
	_____	_____	_____	_____	_____
	Address	City	State		Hours Granted
	_____	_____	_____	_____ - _____	
	Contact Person		Telephone	From	To
	_____	_____	_____	_____	_____
	Term of OJT		Hours Credited		Hours Remaining

RELATED INSTRUCTION TRAINING [R/I]
[Please attach copies of Transcripts, Certificates, Diplomas, etc.]

Required R/I Hours _____ Hours Credited _____ Hours remaining of R/I _____

APPRENTICE'S SIGNATURE: _____ DATE: _____

EMPLOYERS SIGNATURE: _____ DATE: _____

ENDORSED AND REGISTERED WITH BAT BY: _____

DATE: _____

NOTE: INFORMATION SUBJECT TO VERIFICATION