



Rhode Island Department of Labor & Training
Workforce Regulation and Safety
1511 Pontiac Avenue Building # 70
PO Box 20247
Cranston, RI 02920-0943
www.dlt.ri.gov/profregs

APPRENTICE RATIO FORM

Company Name: _____

Name & Title: _____

R I Department of Labor & Training Master trade/occupation license #: _____

Address: _____

Telephone #: _____

Type of trade/occupation: Electrician____ Irrigator____ Plumber____ Telecommunication____

List all Rhode Island licensed Journeyperson and Master tradespersons and registered Apprentices currently employed with the company:

Journeypersons/Masters:

License Number:

Apprentices:

Registration Number:

Signature of Employer/Representative

Date

