

**NEW MEXICO PUBLIC EDUCATION DEPARTMENT  
APPRENTICESHIP TRAINING CLASS AUDIT AND COMPLIANCE REPORT**

SPONSORING APPRENTICESHIP COMMITTEE: \_\_\_\_\_ HOURS IN CLASS: \_\_\_\_\_

CLASS TITLE/OCCUPATION: \_\_\_\_\_

CLASS MEETS **FROM:** \_\_\_\_\_ am \_\_\_\_\_ pm **TO:** \_\_\_\_\_ am \_\_\_\_\_ pm

DAYS CLASS MEETS: \_\_\_\_\_

LOCATION OF CLASS: \_\_\_\_\_

CLASS DATE: \_\_\_\_\_

INSTRUCTOR NAME: \_\_\_\_\_ SIGNATURE \_\_\_\_\_

	NAME	LAST FOUR OF SOCIAL SECURITY #	ADDRESS- CITY, ZIP CODE
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 Certified by Training Director or Coordinator (signature)

\_\_\_\_\_  
 Telephone number