



STATE OF NEVADA
 NEVADA STATE APPRENTICESHIP COUNCIL
 555 EAST WASHINGTON AVENUE, 4100
 LAS VEGAS NV 89101
 (702) 486-2650

**NOTICE OF COMMITTEE'S FINAL DECISION REGARDING DISMISSAL
 OF APPRENTICE**
 (PLEASE PRINT OR TYPE)

This form is to be submitted within 10 days after a hearing for reconsideration. If a hearing was not required, this form must be submitted within 30 days of apprentice's initial cancellation.

APPRENTICE INFORMATION:

Name: _____ Apprentice I.D. # _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Did the apprentice request of the committee to reconsider its decision for dismissal?
 YES NO (If no, please proceed to program information)

Date of appeal: _____

Attach a copy of apprentice's request for reconsideration and all documents that were used by the committee to render its decision.

What was the committee's decision:

- Reinstatement Date of reinstatement _____
- Cancel apprentice Date of cancellation notice: _____

PROGRAM INFORMATION:

Program Number: _____

Program Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____

I hereby certify the information provided herein is true and accurate to the best of my knowledge.

 (Authorized Name) Print or Type

 Signature

 Date