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

APPRENTICE APPEAL REQUEST FORM

INSTRUCTION TO APPELLANT: This form must be filed with the Nevada State Apprenticeship Council, within 30 days after service upon you through the United States Mail.

The Council will conduct a hearing on each appeal and issue its decision as soon as practicable after a hearing

1. Appellant's name_____ Phone #:_____

2. Appellant's address_____ City, State, Zip_____

3. Date of cancellation from program?_____

4. Date of appeal to apprenticeship committee?_____

5. If an attorney will represent you at the hearing please complete the information below:

   Attorney's name_____ Phone #_____

   Attorney's address_____ City, State, Zip _____

6. Please provide the Council with the basis for your appeal, including any defenses or explanation you believe the Council should consider. Please be advised that the Council will only consider those issues, which were presented to the Apprenticeship Committee.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

DATED THIS _____ DAY OF_____,20____

_____
Appellant's Signature