



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