

Office Of The Labor Commissioner
 Nevada State Apprenticeship Council
 555 East Washington Avenue, Suite 4100
 Las Vegas NV 89101



APPRENTICE APPEAL REQUEST FORM

Apprentices Information:

Name		Date
Mailing address		Phone
E-Mail:		Fax
City	State	Zip+4
Date of Cancellation:	Date of Appeal:	

Attorney Information: If an attorney will represent you at the hearing please complete

Name		Date
Mailing address		Phone
E-Mail:		Fax

Program Information:

Name (i.e. program, committee, training agent, etc)		
Address		Phone
City	State	Zip+4

Details of complaint and please be clear and specific to include dates, names, job sites of alleged incidents. (Provide Documentation, if possible, in support of complaint such as affidavits, declarations, payroll, etc.) (continue on separate page)

Apprenticeship Standards, NRS 610, or NAC 610 rule(s) violated (if known)

Appellant's Signature	Date
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