

STEVE SISOLAK
Governor

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STATE OF NEVADA



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REQUEST FOR APPROVAL
EMERGENCY POLICY FOR IN-PERSON INSTRUCTION
(NEVADA REGISTERED APPRENTICESHIP PROGRAMS)

Name of Registered Apprenticeship Program submitting request:	
Name & Title of Person Submitting Request:	
Contact Information: (Email, Phone Number and Website)	

** This request form applies to the accompanying NSAC emergency policy for in-person instruction ONLY when there is an emergency order declared by the Nevada Governor.*

Requestor's signature: _____ Date signed: _____

For OLC use only

Approved by: _____ Date signed: _____
Nevada State Apprenticeship Director