

State of California
Administrator of Apprenticeship
Department of Industrial Relations
Division of Apprenticeship Standards
P. O. Box 420603
San Francisco, CA 94142-0603



Request for Cancellation of Apprentice Agreement (For Cause)

Program Sponsor Name _____	File No. _____	
Address _____		
Street	City	Zip
To: Name of DAS Consultant: _____		
Address: _____		
Reference: Name of Apprentice _____		
Social Security No. _____	Indenture Date _____	
Address: _____		
Street	City	Zip

On behalf of the Program Sponsor I request the Administrator of Apprenticeship cancel the agreement of the above referenced apprentice effective _____.

I declare under penalty of perjury that I am familiar with the facts upon which this request is based and I believe this action complies with the program standards and rules and regulations and is based on:

- _____ 1. Failure to complete work requirements.
- _____ 2. Failure to attend and/or perform satisfactorily in classes of related and supplemental instruction.
- _____ 3. Improper conduct on the job or in the classroom, such as fighting, being under the influence of drugs or alcohol, stealing, abusive language, etc.
- _____ 4. Violation of Apprentice Agreement.
- _____ 5. Failure to comply with the Rules and Regulations of the Program Sponsor.
- _____ 6. Falsification of records.
- _____ 7. Other: _____

and a copy of supporting documents/records will be held for 35 days for the Administrator; I further certify that the apprentice has been notified of the right to "appeal to the Administrator of Apprenticeship". (Original documents must be retained for 5 years)

Signature _____ Date _____
Program Sponsor

Printed Name _____

at _____, California
City