



Burglar & Fire Alarm Association of Michigan Apprenticeship Program

Apprentice Completion Form

Apprentice Name: _____

Yes, I certify that this apprentice has completed the required 2000 on-the-job training hours for fire alarm installation.

Signature of Employer: _____

Ending hourly wage at time of completion: _____

Please make additional copies of this form if needed

The above information is required by the US Department of Labor upon removing an individual from the Apprenticeship Program.

The ending hourly wage should demonstrate wage progression, and the ending hourly wage should be higher than the wage when the apprentice first began the program.

Once the individual is successfully removed from the program, the apprentice will receive a certificate of completion.

If you have any questions, please contact the BFAAM office at 517-485-4832