



## Apprentice Removal Form

**Company:** \_\_\_\_\_

Apprentice Name: \_\_\_\_\_

Reason for Removal: \_\_\_\_\_

Ending salary at time of renewal: \_\_\_\_\_

**\*\*This information is required by the USDOL**

Apprentice Name: \_\_\_\_\_

Reason for Removal: \_\_\_\_\_

Ending salary at time of renewal: \_\_\_\_\_

**\*\*This information is required by the USDOL**

Apprentice Name: \_\_\_\_\_

Reason for Removal: \_\_\_\_\_

Ending salary at time of renewal: \_\_\_\_\_

**\*\*This information is required by the USDOL**

### **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.

Once the individual is successfully removed from the program, you will receive an email confirmation.

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

**BFAAM Apprentice Program**  
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