

NOTICE OF APPRENTICESHIP COMMITTEE ACTION (FORM 21-230)

Name of Local Committee: _____ Program # _____

This is to notify you that apprentice: _____

SS# : _____ License # _____ Rapids #: _____

Total Classroom Hrs: _____ Total OJT Hours: _____ OJT Hrs valid through: _____

Grade Avg: _____ Effective date of the action is: _____

Please select one of the following actions:

1. New Apprentice
 Electrical Plumbing Other Trade _____

2. Cancellation

3. Reinstate

4. Held Back
Apprentice did not successfully complete the last _____ hours of training

5. Miscellaneous Trades Completed

6 Released for test:

Electrical
Please attach a copy of the electrical examination application and send with this form to the State Apprenticeship Office

Plumbing
Return only this form to the State Apprenticeship Office. Send examination applications directly to the Health Department.

Exit examination was administered

7. Transfer to: _____ Program # _____
(send this form to the gaining school)

Entrance Wage: _____ Exit Wage: _____

Gaining Committee authorized signature: _____

Printed Name: _____

Authorized signature of committee: _____

Printed Name: _____ Date: _____

Signature Apprenticeship Office: _____ Date: _____

Return all forms to: Office of Skills Development
State Apprenticeship Office
1 Commerce Way, Suite 604
Little Rock, AR 72202

(when transferring a student email a copy to: prather.randy.l@dol.gov)