

Department of Labor & Industries  
Apprenticeship Section  
PO Box 44530  
Olympia WA 98504-4530



# REQUEST FOR CANCELLATION OF PROGRAM



TO: Washington State Apprenticeship & Training Council

From: Ms. Jo'z Town Barber

(NAME OF PROGRAM)

Check Type of Standards being requested to be cancelled:

Committee       Plant       OJT

Number of Registered Apprentices or Trainees: 1

Reason(s):

*Apprentice has completed this program, and I Paula A. Swift I will am done with apprentice program and in the future have no intent to do again.*

RECEIVED BY L&I AC:

1/28/16 TB

E-MAIL RECEIVED BY  
CENTRAL OFFICE:

1/29/16 KR

RECEIVED

Department of Labor & Industries

JAN 28 2016

REGION 4N APPRENTICESHIP  
TUMWATER

page 1 of 1

Requested by: (chr.) <i>Paula A. Swift</i>	Approved by: Washington State Apprenticeship & Training Council
(sec.)	Secretary of Council
date: <u>1-28-16</u>	date: