



PROTECT PEOPLE & PROMOTE BUSINESS

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CERTIFICATION OF TERMINATION OF A BARBER APPRENTICESHIP PROGRAM

Authority: P.A. 299 of 1980, as amended

This form must be submitted directly to this office by the supervising practitioner should the apprentice or practitioner decide to end the apprenticeship program or have a lapse in training from the apprenticeship program. If this form is submitted by the apprentice, it will not be accepted.

Form with fields: Apprentice First Name, Middle Name, Last Name, Apprentice Date of Birth, MI 10-digit Apprentice Registration Number, Barbershop Name, MI 10-digit Barbershop License Number, Starting Date of Apprenticeship, Termination Date of Apprenticeship.

Remainder of form to be completed by the Practitioner

CERTIFICATION AND SIGNATURE

I certify that the apprentice named above has participated in the Barber apprenticeship program up to the termination date noted above and completed training consisting of the following:

Table with 2 columns: Number of Hours in Program, [Empty field]

I further certify, under penalty of perjury, the information is true and complete.

Signature of Practitioner

Date

Print Name

Practitioner's License Number