



PROTECT PEOPLE & PROMOTE BUSINESS

Bureau of Professional Licensing
PO Box 30670 • Lansing, MI 48909
Telephone: (517) 241-9288
www.michigan.gov/bpl
BPLHelp@michigan.gov

CERTIFICATION OF TERMINATION OF AN APPRENTICESHIP TRAINING 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 for a period longer than thirty days. If this form is submitted by the apprentice, it will not be accepted.

Table with 3 columns: Effective Date, Establishment Name, Apprentice Name; Termination Date, Establishment Identification Number, Apprentice Registration Number.

Remainder of form to be completed by the Practitioner

CERTIFICATION AND SIGNATURE

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

Table with 2 columns: Number of Hours in Program, Number of Months in Program.

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

Signature of Practitioner

Date

Print Name

Practitioner's License Number