

<<Current Date as Text>>

<<Name Last Comma First>>

<<Address Street 1>>

<<Address City>>, <<Address State>> <<Address Zip>>

Applicant Name: <<Name First Last Proper>>

Application #: <<Application Number>>

Application Date: <<Application Date>>

<<Program Name>> Process: <<Process Number>>

Dear Applicant:

Upon review of your apprenticeship application, we find that your application has been closed for the reason(s) indicated below:

<<NQ List>>

If you wish to be reconsidered, you must meet the basic requirements and reapply during the next application period. If you wish to be notified of the next application period, send a self-addressed, stamped envelope for program information or see our web site at www.farwestjatc.org.

If you have questions regarding the reason for not qualifying, you must submit a letter detailing your questions to the address noted above. You will receive a written response. There are no telephone reviews.

If you feel you have been discriminated against on the basis of race, religion, color, national origin, or gender, contact the Bureau of Labor and Industries, Apprenticeship and Training Division at 817-731-4072. You will be provided assistance and information concerning your rights under the regulations of Equal Employment Opportunity in Apprenticeship adopted by the New Jersey State Apprenticeship and Training Council.

Sincerely,

Richard Mandela
Training Director