



HAWAII CARPENTERS
APPRENTICESHIP &
TRAINING FUND

APPRENTICESHIP PROGRAM TERMINATION REQUEST
Hawaii Carpenters & Drywallers Training Fund Center

I would like to terminate from the Apprenticeship & Training Program, effective immediately.

Reason:

Date: _____

Signature: _____

Print Name: _____

UBC# : _____

Address: _____

Email: _____

Phone: _____

Training Office Use Only

Location: Oahu Hilo Kona Maui Kauai

Received By: _____ **Date Received:** _____

Processed By: _____ **Date Processed:** _____