

**THE COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF LABOR STANDARDS  
DIVISION OF APPRENTICE STANDARDS  
19 Staniford St. 2<sup>nd</sup> Floor BOSTON, MA 02114**

**Company Name** \_\_\_\_\_

**Company Address** \_\_\_\_\_

**City, State, Zip Code** \_\_\_\_\_

In compliance with the Regulations and Standards of the Apprenticeship Program we are hereby notifying the Division of Apprenticeship Training that the following apprentice(s) are being **EXTENDED**.

**Apprentice Name** \_\_\_\_\_

**Extended From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Reason for Extension** \_\_\_\_\_

\*\*\*\*\*

**Apprentice Name** \_\_\_\_\_

**Extended From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Reason for Extension** \_\_\_\_\_

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**Apprentice Name** \_\_\_\_\_

**Extended From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Reason for Extension** \_\_\_\_\_

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**Apprentice Name** \_\_\_\_\_

**Extended From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Reason for Extension** \_\_\_\_\_

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**Apprentice Name** \_\_\_\_\_

**Extended From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Reason for Extension** \_\_\_\_\_