

APPLICATION FOR APPRENTICESHIP

*TRADE / OCCUPATION: _____

*Name: _____ / _____ / _____
Surname First Initial

Gender: Male Female

*Address: _____ / _____ / _____
P.O. Box/Street City Province Postal Code

*Telephone No: (____) _____ Cell Phone: _____

*S. I. N. : _____ / _____ / _____ *Date of Birth: _____ / _____ / _____
Month Day Year

MCP#: _____ Driver's License: _____

E-Mail: _____

Parent/Guardian: _____ Telephone No: (____) _____

*EDUCATION:

- Level III High School or Equivalent Required
- Transcript of High School Marks or Certificate **MUST** Accompany this Application
- Transcript of relevant post-secondary education **MUST** Accompany this Application

*Company Name: _____ *CRA Business Number: _____
9 digits

*Address: _____ / _____ / _____
P.O. Box/Street City Province Postal Code

*Telephone No: (____) _____ Fax No: (____) _____ E-Mail: _____

*Journeyman Supervisor (PRINT): _____

*Certification Number: _____ *Employment Start Date: _____ / _____ / _____
Month Day Year

*Signature: _____
Employer Representative

Note:

- A Memorandum of Understanding, with both employer and applicant signatures must accompany application
- CRA: Canadian Revenue Agency

***REQUIRED FIELDS MUST BE COMPLETED OR APPLICATION WILL BE RETURNED**

<p>*Signature: _____ <small>Apprentice</small></p> <p>*Date: _____ / _____ / _____ <small>Month Day Year</small></p>	<p style="text-align: center;">OFFICE USE ONLY</p> <p>Reg. Date _____ Reg. No. _____</p> <p>Signature: _____ <small>Program Development Officer</small></p> <p>Credits Awarded: _____</p> <p>Date Logbook Issued: _____</p>
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Avalon
 Department of Education
 Industrial Training Section
 Confederation Building, West Block
 P.O. Box 8700
 St. John's, NL A1B 4J6
 Phone: (709) 729-2729
 Fax: (709) 729-5878
Toll Free: 1-877-771-3737

Central
 Department of Education
 Industrial Training Section
 7 Queens Way
 Grand Falls-Windsor, NL A2A 1W9
 Phone: (709) 292-4215
 Fax: (709) 292-4502

Western
 Department of Education
 Industrial Training Section
 c/o Noton Building Annex
 P.O. Box 2006, 133 Riverview Drive
 Corner Brook, NL A2H 2N2
 Phone: (709) 637-2366
 Fax: (709) 637-2519

Labrador
 Department of Education
 Industrial Training Section
 Elizabeth Goudie Building
 146 Hamilton River Road
 P.O. Box 3014, Station B
 Happy Valley-Goose Bay, NL A0P 1E0
 Phone: (709) 896-6348
 Fax: (709) 896-6703