Newfoundland Labrador

DEPARTMENT OF EDUCATION
Industrial Training Section

OUT-OF-PROVINCE
APPLICATION FOR APPRENTICESHIP
PROVINCIAL APPRENTICESHIP AND CERTIFICATION BOARD

REQUIRED INFORMATION
PLEASE PRINT

TRADE/OCCUPATION:_____

NAME: _____
Surname *First Name* *Initial*

Gender: ❒ **Male** ❒ **Female** **Date of Birth:** _____/_____/_____
Month *Day* *Year*

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

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

S. I. N. _____ **MCP#** _____

E-mail: _____ **Driver's License:** _____

DOCUMENTS THAT MUST BE INCLUDED WITH THIS APPLICATION:

- **Level III High School or Equivalent Required**
- **Transcript of High School Marks/Certificate AND/OR transcript of relevant post-secondary education**
- **Acceptance of Conditions Document**
- **Letter of Understanding**

INCOMPLETE APPLICATIONS
<u>WILL BE</u> RETURNED

Signature: _____
Apprentice

Date: _____
Day *Month* *Year*

OFFICE USE ONLY

Reg. Date _____ **Reg. No.** _____

Signature _____
Program Development Officer

Credits Awarded: _____

Date Logbook Issued: _____

AVALON
Department of Education
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WESTERN
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