



**Office Use Only:**

Apprenticeship Registration Number:

Apprenticeship Program  
Officer (APO) Stamp:

## In-Province Apprenticeship Application

Are you applying for the **Apprenticeship Wage Subsidy**?                      Yes                      No

### Applicant Information

Unless noted, **all fields are mandatory**. Incomplete applications will be returned.

Trade:

First Name:	Middle Name:	Last Name:
Social Insurance Number:	Date of Birth: _____ / _____ / _____ Day                      Month                      Year	Gender: Male                      Other Female
P.O. Box Number/ Street Address:		City/Town:
Province:	Postal Code:	Country:
Email:		Phone Number(s): Home: Cell:

Entry-level/pre-employment program completed:	Year Completed:
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**For Direct-Entry Applicants only:**  
High School Completed?    Yes                      No                      If yes, transcript is required. If no, proof of equivalency is required

**NOTE:** If you are transferring your apprenticeship from **another Canadian jurisdiction**, ensure all training records are up to date with your originating apprenticeship authority before relocating. You will be required to provide accurate and complete training records to the Apprenticeship & Trades Certification Division (ATCD) before approval may be given for credit.

Are you certified in another trade?	If Yes:
Yes                      No	Trade: _____
	Provincial/Interprovincial Number: _____

### Applicant Declaration

I understand that my personal information and transcripts specific to my Post-Secondary Trades Training Program completed at the following training institution will be shared with and verified for accuracy by ATCD.

Training Institution and Campus Location: \_\_\_\_\_

I Agree                      I Do Not Agree                      Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The personal information in this form is being collected under the authority of section 61(c) of the **Access to Information and Protection of Privacy Act, 2015** for the purpose of registering you as an apprentice. If you have any questions about the collection, use and disclosure of your personal information, please contact an Apprenticeship Program Officer at one of ATCD's regional offices, or email [app@gov.nl.ca](mailto:app@gov.nl.ca).

### Examination Accommodations

Where available, the ATCD will provide reasonable accommodations to candidates having physical, emotional or learning barriers. To be eligible for examination accommodations, candidates must provide supportive medical or other professional documentation to the ATCD.

The documentation must:

- be prepared and signed by a qualified professional; and
- provide information that assists in determining the accommodations required.

Will you require assistance or accommodations? Yes No  
 If Yes, please provide the documentation outlined above.

### Current Employer Information

<b>Company Name:</b>		<b>Company Representative:</b>	
<b>P.O. Box /Street:</b>		<b>City/Town:</b>	<b>Province:</b>
<b>Postal Code:</b>	<b>Country:</b>	<b>Email:</b>	
<b>GST Number:</b>	<b>Fax Number:</b>	<b>Phone Number:</b>	

### Previous Trade-Related Employment

To have previous work experience reviewed by an Apprenticeship Program Officer for possible credit towards your apprenticeship program, complete a [Record of Work Experiences for Trade Qualifier or Pre-Apprenticeship Credits](#) form for each employer, and submit to the ATCD **within 90 days**.

### Submitting Your Application

A completed Apprenticeship Application must include an **application**, a **MOU** and a copy of your **original transcript**. **Illegible or incomplete applications will not be accepted and will be returned.**

You may submit this application by **email**, **in person**, or **by mail** if you have **completed an entry-level/pre-employment program in NL OR completed high school and are applying as a Direct Entry apprentice**.

- ☛ **Complete this application, print, scan then email it** along with a scanned copy of your **entry-level/pre-employment program or high school transcript** to [ApprenticeshipOnline@gov.nl.ca](mailto:ApprenticeshipOnline@gov.nl.ca).
- ☛ **Complete this application** and submit along with an **original official copy** of your **entry-level/pre-employment program or high school transcript** by **mail** or **in person** to the nearest ATCD office.

**Do not email** this application if you are in **either** of the following categories:

- You **do not possess** a high school diploma (**\*equivalency required**).
  - You are **transferring** your **apprenticeship** from **another Canadian jurisdiction** (**\*documentation required**).
  - You completed a program which is **not a designated trade** in NL (**\*documentation required**).
  - You have completed an **entry-level/pre-employment program** in **another Canadian jurisdiction** (**\*documentation required**)
- ☛ Attach original official post-secondary transcripts OR high school equivalencies and all required documentation to this completed application then submit in person or by mail to the nearest ATCD office. \*Contact the nearest ATCD office for information on other documentation required to be submitted with your Apprenticeship Application.

<p align="center"><b>Mount Pearl</b></p> <p>Apprenticeship and Trades Certification Division Industrial Training Section 1170 Topsail Road P.O. Box 8700 St. John's, NL A1B 4J6 Phone: 709-729-2729 Fax: 709-729-5878 Toll Free: 1-877-771-3737</p>	<p align="center"><b>Clareville</b></p> <p>Apprenticeship and Trades Certification Division Industrial Training Section 45 Tilley's Road Clareville, NL A5A 1Z4 Phone: 709-466-3982 Fax: 709-466-3987 Toll Free: 1-877-771-3737</p>	<p align="center"><b>Grand Falls-Windsor</b></p> <p>Apprenticeship and Trades Certification Division Industrial Training Section 42 Hardy Avenue Grand Falls-Windsor, NL A2A 2J9 Phone: 709-292-4215 Fax: 709-292-4502 Toll Free: 1-877-771-3737</p>	<p align="center"><b>Corner Brook</b></p> <p>Apprenticeship and Trades Certification Division Industrial Training Section Aylward Building 1-3 Union Street P.O. Box 2006 Corner Brook, NL A2H 6J8 Phone: 709-637-2366 Fax: 709-637-2519 Toll Free: 1-877-771-3737</p>	<p align="center"><b>Happy Valley-Goose Bay</b></p> <p>Apprenticeship and Trades Certification Division Industrial Training Section Burse Building 163 Hamilton River Road P.O. Box 3014, Station B Happy Valley-Goose Bay, NL A0P 1E0 Phone: 709-896-6348 Fax: 709-896-6703 Toll Free: 1-877-771-3737</p>
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Government of Newfoundland and Labrador  
Apprenticeship and Trades Certification Division



### MEMORANDUM OF UNDERSTANDING (MOU)

The **Apprentice** and **Employer** must complete and sign **Parts A & B** of this MOU and **return** it to the **Apprenticeship and Trades Certification Division (ATCD), Industrial Training Section**, for final approval.

By signing this MOU, the **ATCD** will:

- ensure that the applicant is **registered** as an apprentice (for new applicants);
- ensure that the information for a **new employer** is recorded (for registered apprentices);
- ensure that all **completed documentation** is recorded in the apprentice's file; and
- assign an **Apprenticeship Program Officer (APO)** to the apprentice's file to establish and maintain a relationship with the employer and apprentice to ensure that all abide by the **terms of this MOU**.

**All fields are mandatory and must be completed.**

Your Application for Apprenticeship will be returned if this MOU is incomplete.

#### PART A (The Apprentice):

Upon signing this MOU, the **apprentice agrees to:**

- submit this completed **MOU** and the **Apprenticeship Application** to the **ATCD** when **starting a job in their trade** for the **first time**;
- submit this completed **MOU** to the **ATCD** each time there is a **change in employer**;
- attend **apprenticeship training** when called by the **ATCD**;
- complete all **apprenticeship training** and acquire the **workplace skills** and **hours** as outlined in the [NL Provincial Plan of Training](#) for their trade;
- have their **hours** and **workplace skills verified** in their Apprenticeship **logbook** by the employer and certified supervising journey person;
- follow the **Conditions Governing Apprenticeship Training** as outlined in the **NL Provincial Plan of Training**.

<b>Trade:</b>	<b>First Name:</b>	<b>Middle Name:</b>	<b>Last Name:</b>
<b>Telephone:</b>	<b>Cell Phone:</b>	<b>Email:</b>	
<b>P.O. Box and/or Street Address:</b>	<b>City or Town:</b>	<b>Province:</b>	<b>Postal Code:</b>
<p>I, the <b>Apprentice</b>, agree to attend apprenticeship training when it is available, and I agree to the terms and conditions as outlined in this MOU for apprentices.</p>			
<p>_____</p> <p>Apprentice's Signature</p>		<p>_____ / _____ / _____</p> <p>Day      Month      Year</p>	

**PART B (The Employer):**

Upon signing this MOU, the **employer agrees to:**

- have a **certified supervising journeyperson** on staff in the **same trade**. The certification must be recognized by the ATCD;
- provide **high quality** work experiences;
- **confirm** the hours worked **and record** them in the Apprentice's logbook;
- have the **workplace skills verified** in the Apprentice's logbook by the certified supervising journeyperson;
- **pay apprentices** a wage as per relevant collective agreements **or** as set out in the [NL Provincial Plan of Training](#);
- **release** and encourage apprentices to attend **apprenticeship training**;
- follow the **Conditions Governing Apprenticeship Training** as outlined in the **NL Provincial Plan of Training**.

<b>Company Name:</b>	<b>9-digit CRA No.:</b>
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<b>Name of Company Representative:</b>	<b>Email:</b>	<b>Direct Phone Number:</b>
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<b>P.O. Box and/or Street Address:</b>	<b>City or Town:</b>
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<b>Province:</b>	<b>Postal Code:</b>	<b>Fax Number:</b>
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<b>Apprentice's Name:</b>	<b>Apprentice's Trade:</b>	<b>Apprentice's Date of Hire:</b> ____/____/____ Day Month Year
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<b>Name of Supervising Journeyperson:</b>	<b>Certificate of Qualification No.:</b>	<b>Date of Issue:</b> ____/____/____ Day Month Year	<b>Issuing Province:</b>
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<b>Number of apprentices</b> in this trade in your employ:	<b>Number of certified journeypersons</b> in the trade in your employ:
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**I, the employer, agree to release this apprentice to attend apprenticeship training when it is available, and I agree to the terms and conditions outlined in this MOU for employers.**

\_\_\_\_\_  
Employer's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

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**OFFICE USE ONLY**

<b>APPROVED</b>	<b>ATCD OFFICIAL STAMP</b>	<b>Apprenticeship Registration Number:</b>
		<b>Director's Representative - APO Signature:</b>
		____/____/____ Day Month Year
<b>REJECTED*</b>		

**\*Reason for Rejection:**

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