



AUTHORIZATION TO RELEASE APPRENTICESHIP/CERTIFICATION INFORMATION

I, _____, request and authorize the release of the following information to the Third Party identified below:

Signature: _____ Date: _____

This authorization expires 30 days after it is signed.

My Information

Trade Name: _____ Apprenticeship/ Certificate #: _____

Address: _____ Date of Birth: _____

Home Phone #: _____ Work Phone #: _____ Cell #: _____

Email address: _____

Please select the information you are authorizing ATCD to release:

- Apprentice registration in Newfoundland and Labrador
- Level of apprenticeship obtained in Newfoundland and Labrador
- Certification obtained in Newfoundland and Labrador
- Contact information for out-of-province exam request
- Other: Please specify _____

We reserve the right to withhold information that may conflict with privacy legislation or Departmental policy.

Third Party Information

Name: _____ BIN: (GST/HST) _____
(if applicable)

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone #: _____ Fax #: _____

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 specified above. 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.

Official Use Only

I have verified the authenticity of this document through telephone contact with the person listed above:

_____ Dept. Official Name (print)

_____ Signature

_____ Date