

## LETTER OF UNDERSTANDING (LOU)

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

By signing this LOU, 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 LOU.

**All fields are mandatory.**

Your application for Apprenticeship will be returned if this LOU is incomplete.

**CHECK ONE →**

New Application

Change of Employer

### PART A (The Apprentice):

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

- submit this completed LOU and the Application for Apprenticeship to the **ATCD** when **starting a job in their trade in another Canadian jurisdiction** for the **first time**;
- submit this completed LOU to the **ATCD** each time that there is a **change in employer** in another **Canadian jurisdiction**;
- 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 journeyperson;
- follow the **Conditions Governing Apprenticeship Training** as outlined in the **NL Provincial Plan of Training**.
- **maintain a permanent Newfoundland and Labrador (NL) address** to qualify for apprenticeship training while working in another Canadian jurisdiction.

Trade	First Name	Middle Name	Last Name
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Apprenticeship Registration No.:	Cell Phone	Email
(Check box if not registered <input type="checkbox"/> )		

### Permanent Newfoundland and Labrador Address

P.O. Box and/or Street Address	City or Town	NL Postal Code	Telephone Number
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I confirm that I maintain permanent residency and ordinarily reside in NL while working temporarily in another Canadian jurisdiction. This qualifies me to attend apprenticeship training in NL. I agree to the terms and conditions for apprentices as outlined in this agreement.

\_\_\_\_\_  
Apprentice's Signature

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

### Temporary Out-Of-Province Address

P.O. Box and/or Street Address	City or Town	Province	Postal Code
Telephone	Email (if different)		

<b>PART B (The Employer):</b>				
Upon signing this LOU, the <b>employer agrees to:</b>				
<ul style="list-style-type: none"><li>• have a <b>certified supervising journeyperson</b> on staff in the <b>same trade</b>. The certification must be recognized by the ATCD;</li><li>• provide <b>high quality</b> work experiences;</li><li>• <b>pay apprentices</b> a wage as per the apprenticeship authorities jurisdictional requirements;</li><li>• <b>confirm and record</b> in the Apprentice's logbook the hours worked;</li><li>• have <b>workplace skills verified</b> in the Apprentice's logbook by the certified supervising journeyperson; and</li><li>• <b>release and encourage</b> apprentices to attend <b>apprenticeship training in NL</b>.</li></ul>				
Company Name:			9-digit CRA No.:	
Name of Company Representative:		Email:	Direct Phone Number:	
P.O. Box and/or Street Address:		City or Town:		
Province:		Postal Code:	Fax Number:	
Apprentice's Name:		Apprentice's Trade:		Apprentice's Date of Hire:  /                    / Day                    Month                    Year
Name of Supervising Journeyperson:		Date of Birth:  /                    / Day                    Month                    Year	Certificate of Qualification No.:	Date of Issue:  /                    / Day                    Month                    Year
Number of <b>apprentices</b> in this trade in your employ:		Number of <b>certified journeypersons</b> in the trade in your employ:		
I, the employer/company representative, agree to release this apprentice to attend apprenticeship training in NL, and I agree to the terms and conditions for employers as outlined in this agreement.				
_____ Employer's/Company Representative's Signature			_____ /                    / Day                    Month                    Year	
The personal information in this form is being collected under the authority of section 61(c) of the <b>Access to Information and Protection of Privacy Act, 2015</b> for the purpose of apprenticeship registration. 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 <a href="mailto:app@gov.nl.ca">app@gov.nl.ca</a> .				
<b>OFFICE USE ONLY</b>				
<b>APPROVED</b>	<b>ATCD OFFICIAL STAMP</b>	Apprenticeship Registration Number:		
		Director's Representative - APO Signature:		
_____ /                    / Day                    Month                    Year				
<b>*Reason for Rejection:</b>				
<b>Mount Pearl</b> 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	<b>Clarenville</b> Apprenticeship and Trades Certification Division Industrial Training Section 45 Tilley's Road Clarenville, NL A5A 1Z4 Phone: 709-466-3982 Fax: 709-466-3987 Toll Free: 1-877-771-3737	<b>Grand Falls-Windsor</b> 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	<b>Corner Brook</b> 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	<b>Happy Valley-Goose Bay</b> Apprenticeship and Trades Certification Division Industrial Training Section Bursey Building 163 Hamilton River Road P.O. Box 3014, Station B Happy Valley-Goose Bay, NL AOP 1E0 Phone: 709-896-6348 Fax: 709-896-6703 Toll Free: 1-877-771-3737