

## 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.**

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

**CHECK ONE →**

New Application

Change of Employer

**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**.

Trade:	First Name:	Middle Name:	Last Name:
Apprenticeship Registration No.: (Check box if not registered )	Telephone:	Cell Phone:	Email:
P.O. Box and/or Street Address:	City or Town:	Province:	Postal Code:

I, the **Apprentice**, agree to attend apprenticeship training when it is available, and I agree to the terms and conditions as outlined in this MOU for apprentices.

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

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

<b>PART B (The Employer):</b>				
Upon signing this MOU, 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>confirm</b> the hours worked <b>and record</b> them in the Apprentice's logbook;</li> <li>• have the <b>workplace skills verified</b> in the Apprentice's logbook by the certified supervising journeyperson;</li> <li>• <b>pay apprentices</b> a wage as per relevant collective agreements <b>or</b> as set out in the <b>NL Provincial Plan of Training</b>;</li> <li>• <b>release</b> and encourage apprentices to attend <b>apprenticeship training</b>;</li> <li>• follow the <b>Conditions Governing Apprenticeship Training</b> as outlined in the <b>NL Provincial Plan of Training</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:	Certificate of Qualification No.:	Date of Issue: ____ / ____ / ____ Day                      Month                      Year	Issuing Province:	
Number of <b>apprentices</b> in this trade in your employ:		Number of <b>certified journeypersons</b> in the trade in your employ:		
<b>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.</b>				
_____ Employer'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>REJECTED*</b>				
<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 Bursery 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