

# Copy of Personal Records

## Personal information (please print)

_____	_____	_____	
Legal First Name	Middle Initial	Legal Last Name	
_____	_____	_____	
Address	City/Town	Postal Code	
_____	_____	_____	
Home Phone	Business Phone	Cell Phone	
_____	_____	_____	
Fax #	E-mail address	S.I.N.	Birth Date
_____	_____	_____	_____
Name of Your Trade	<input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4 <input type="checkbox"/> Level 5 Apprenticeship Level (If applicable, indicate level)		

Apprenticeship Registration # \_\_\_\_\_

## I am applying for a copy of: (Check applicable box(es))

- |  |   |
|--|---|
| <input type="checkbox"/> Report of Hours (blue book) | <input type="checkbox"/> Certificate of Qualification Wall Document |
| <input type="checkbox"/> Apprentice Pocket Card      | <input type="checkbox"/> Certificate of Qualification Pocket Card   |

For the trades of Hairstylist, Esthetician and Electrologist

- |   |
|---|
| <input type="checkbox"/> Pocket Card for Renewable Certificate of Qualification/Authorization To Practice |
| <input type="checkbox"/> Temporary Permit   |
| <input type="checkbox"/> Limited Practice Permit (Trade of Esthetician)                                   |

## Payment Information - Replacement cost of all documents is \$35.00

All non-refundable payments can be made to the Minister of Finance by cheque, money order, credit card, Interac and cash. Post-dated cheques are not accepted, a \$20.00 service fee will be applied to all NSF cheques.

- |                               |                                 |                                      |                                |                               |                                     |
|-------------------------------|---------------------------------|--------------------------------------|--------------------------------|-------------------------------|-------------------------------------|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Cheque | <input type="checkbox"/> Money Order | <input type="checkbox"/> Debit | <input type="checkbox"/> VISA | <input type="checkbox"/> MasterCard |
|-------------------------------|---------------------------------|--------------------------------------|--------------------------------|-------------------------------|-------------------------------------|

Credit Card Number \_\_\_\_\_

Expiry Date \_\_\_\_\_ (mm/yy) Name as it appears on card \_\_\_\_\_

## Application Declaration

I, \_\_\_\_\_ do solemnly declare that all of the information provided in support of my certificate of application is true and accurate. If any of the above information changes, I will immediately notify Apprenticeship Manitoba in writing. Based upon the legal authority granted under the *Apprenticeship Certification Act*, if the Director of Apprenticeship Manitoba is of the opinion that the holder of a Certificate of Qualification provided false or misleading information, he/she may cancel or suspend the Certificate of Qualification. I understand that a person who knowingly contravenes a provision of the above Act is guilty of an offence and upon summary conviction is liable to pay a fine of not more than \$10,000.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

1-877-978-7233

[www.manitoba.ca/tradecareers](http://www.manitoba.ca/tradecareers)

rev. 09/10

**Thompson**  
118-3 Station Rd.  
R8N 0N3  
204-677-6346  
Fax 204-677-6689

**The Pas**  
305 Fourth St. W  
R9A 1M4  
204-627-8290  
Fax 204-627-8137

**Brandon**  
128, 340-9th St.  
R7A 6C2  
204-726-6365  
Fax 204-726-6912

**Winnipeg**  
1010-401 York Ave.  
R3C 0P8  
204-945-3337  
Fax 204-948-2346

