

Personal information (please print)

_____	_____	_____
Legal First Name	Middle Initial	Legal Last Name
_____	_____	_____
Mailing Address	City/Town	Postal Code
_____	_____	_____
Home Phone	Business Phone	Cell Phone
_____	_____	_____
Fax #	E-mail address	Birth Date
_____	_____	_____
Name of Your Trade _____		
Apprenticeship Registration # _____		

I am applying for a copy of: (Select one below)

- Apprentice Pocket Card

- Certificate of Qualification Pocket Card

- Certificate of Qualification Wall Document

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 and Certifications Act*, if the Executive 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 _____

Personal information is protected by *The Freedom of Information and Protection of Privacy Act* of Manitoba. Use and disclosure of personal information by Apprenticeship Manitoba must be authorized by the applicant or authorized under this Act. Please direct any questions or concerns to Apprenticeship Manitoba at (204) 945-3337 or 1-877-978-7233 toll free in Manitoba.

Submit form to
apprenticeship@gov.mb.ca

Winnipeg
100 -111 Lombard Ave.
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204-945-3337