

Amendment to Ratio Adjustment Application for Hiring Additional Apprentices

1-877-978-7233

www.manitoba.ca/tradecareers

To amend the increase to your current Ratio Adjustment Application, review and complete the following amendment form. Submit this form by mail to: Apprenticeship Manitoba, 100-111 Lombard Ave., Winnipeg, MB., R3B 0T4 or email: apprenticeship@gov.mb.ca or fax to: 204-948-2346. If you have questions regarding the application call: 204-945-3337.

NOTE: Request for an amendment to a ratio is applicable only if a ratio increase has been granted and within 90 days from the approval date. If this is the employers initial request, please complete the Ratio Adjustment Application.

approval date. If this is the em	ployers initial request,	, please co	mplete the R	atio Adjustment Applic	cation.	
Worksite Location: Trade: Employer Information: (Please Print)			Ratio ATC A	Application # Assigned		
Business/Association Name		Contact Name (First) (Last)		(Last)	Position Held	
Business Address		Town/City Province		Province	Postal Code	
Business Phone	one Cellular		Business Fax		Email	
Ratio Adjustment Reque	st:					
We are requesting approval to re Section 11 of the Apprenticeship				the certified journeypers	son(s) listed below, as per	
Name of Apprentice(s)	Apprenticeship#	Level	Journeype Trainer(s)	rson(s)/Designated	Certificate/License#	

Brandon 128, 340-9th St. R7A 6C2 204-726-6365 Thompson 118-3 Station Rd. R8N 0N3 204-677-6346 Fax 204-677-6689 Winnipeg 100 -111 Lombard Ave. R3B 0T4 204-945-3337 Fax 204-948-2346





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Project Details: Number of new apprentices requ	ired to meet v	work commitr	nents:				
Work Commitment	•		Number of appre assigned to proj		Number of journeypersons assigned to project		
You are reminded that ratios of purposes, and that any adjustment of safety as directed by <i>The Works</i> Employer Application D I, application is true and accurate. Apprenticeship Manitoba in writing Certification Act, if the Executive Ratio Adjustment provided false Ratio Adjustment. I understand of an offence and upon summar	ent to this rate place Safety and Declaration If any of the ing. Based up the Director of Andrews and that a person	io does not reand Health Ann: do solem above informon the legal Apprenticeshing information who knowing who knowing information in the control of the control	educe or lessen the ct or its attendant of the ct or its attendant of the ct or its attendant of the ct of	e employ regulation of the invill immed under The ne opinion rector ma provision	rer's obligations to worker ons. formation provided in this diately notify e Apprenticeship on that the holder of the ay cancel or suspend the		
Business Name:			Trade:				
Name (print):	Position:						
Signature:							



