

# Apprenticeship

A partnership for industry training

## Request to Change Apprentice/Journeyman Training Ratio

Use one application per trade.  
Please print

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Business Position

\_\_\_\_\_  
Business or Association Name

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
Town/City

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Business Phone Number

\_\_\_\_\_  
Business Fax Number

We have \_\_\_\_\_ registered apprentices and \_\_\_\_\_ certified journeymen in \_\_\_\_\_  
*Number of* *Number of* *Name of Trade*

As per Section 11 of the Apprenticeship and Trades Qualifications General Regulation, we are requesting approval to register an additional \_\_\_\_\_ apprentices training with these certified journeymen at \_\_\_\_\_  
*Number of* *Location*

We want to increase our number of apprentices because \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach additional page if necessary.)

Are all the people who train your apprentices certified journeymen?  Yes  No

<b>Names of Apprentices</b> (Currently registered.)	<b>Names of Non-Registered Apprentices</b> (Individuals you want to register as apprentices.)	<b>Names of Journeymen</b> (Give Trade Certification No. beside names.) If NOT certified, indicate "NC" beside name.)

If this change to our training ratio adjustment is approved, we agree to abide by any terms and conditions prescribed by the Apprenticeship Branch. If we do not comply with these training ratio provisions, we understand that this training adjustment may be revoked and the relevant apprenticeship agreements cancelled.

\_\_\_\_\_  
Written Signature

\_\_\_\_\_  
Date

Direct queries to: 945-3337 or call toll-free 1-877-978-7233

Return this form by mail or fax to: Apprenticeship Branch, 1010-401 York Avenue, Winnipeg MB R3C 0P8

FAX: 204-948-2346