

**TRADE:** \_\_\_\_\_

This application is for third party requests for information about Manitoba apprenticeship training and certification credentials. This application must be completed and signed by the client, and forwarded to Apprenticeship Manitoba (Winnipeg Office) by the client or third party.

**CLIENT INFORMATION** (PLEASE PRINT)

\_\_\_\_\_

First Name	Middle Initial	Last Name	Birth Date (yy/mm/dd)
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Apprenticeship Manitoba Reference #100 - \_\_\_\_\_

**CONTACT INFORMATION** (PLEASE PRINT)

\_\_\_\_\_

Name of Organization	Contact	Mailing Address	City/Town/Province	Postal Code
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\_\_\_\_\_

Home or Cell Phone	Business Phone	Fax#	E-mail address
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**REQUEST FOR CLIENT INFORMATION**

Check the box(es) and include the relevant information that you want Apprenticeship Manitoba to disclose.

- Completion of apprenticeship and date
- Journey person certificate and date of issue
- Interprovincial Red Seal and date of issue
- Practical exam passed
- Technical training passed
- Eligible to attempt interprovincial exam
- Date of interprovincial exam attempts
- Level of apprenticeship training completed
- Other (please specify) \_\_\_\_\_

**CONSENT TO THE DISCLOSURE OF PERSONAL INFORMATION**

I consent to Apprenticeship Manitoba disclosing the personal information indicated above to \_\_\_\_\_ regarding the apprenticeship training and certification credentials I obtained in Manitoba.

I also consent to this third party disclosing information to Apprenticeship Manitoba as may be necessary to collect the information indicated above.

\_\_\_\_\_

*Signature of Client*

\_\_\_\_\_

*Date*