

Trade _____

Please note that this form applies to accredited institutions and may only be submitted by an examiner. Please submit to Apprenticeship Manitoba (Winnipeg Office), attention Accreditation Coordinator.

Personal Information (please print)

Examiner Last Name _____ Examiner First Name _____ Home/Cell Phone Number _____ E-mail _____

Mailing Address _____ City/Town _____ Province _____ Postal Code _____

Exam Information (please print)

Location of Practical Exam _____ Start Time _____ End Time _____

Number of Examinees _____ Number of Partial Exams _____ Number of Full Exams _____

Signature of Examiner _____ Date _____

Signature of Facility Representative _____ Date _____

Office Use Only					
Statement of Examiner's Fee					
Employee		Examiners Fee Discription			
Number	Name	Examination	Date	# of Hours	Amount
Verified by:			Date:		
Approved by:			Date:		