

Disclosure of Client Credentials

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 ((yyyy/mm/dd))	Trade	
Apprenticeship Manitoba Reference #101 _____		

■ Client Information (please print)

_____		_____	
Name of Organization		Contact Person	
_____		_____	_____
Mailing Address		City/Town/Province	Postal Code
_____	_____	_____	_____
Home or Cell Phone	Business Phone	Fax#	E-mail address

■ Request For Client Information

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

- | | |
|--|---|
| <input type="checkbox"/> Journeyperson certificate and date of issue | <input type="checkbox"/> Eligible to attempt interprovincial exam |
| <input type="checkbox"/> Interprovincial Red Seal and date of issue | <input type="checkbox"/> Date of interprovincial exam attempts |
| <input type="checkbox"/> Practical exam passed | <input type="checkbox"/> Level of apprenticeship training completed |
| <input type="checkbox"/> Technical training passed | <input type="checkbox"/> 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

Submit form to:

Winnipeg

100-111 Lombard Ave. R3B 0T4
204-945-3337 Fax 204-948-2346
Email: apprenticeship@gov.mb.ca