






CONSENT TO DISCLOSE INFORMATION

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This form should be completed in full, signed, and returned to Apprenticeship and Certification. By doing so, you are granting the Apprenticeship and Certification Branch of the Department of Post-Secondary Education and Training the authority to release information respecting your participation in a recognized apprenticeship and/or certification program for the purpose of assisting you in securing or promoting employment in any Canadian jurisdiction as well as program planning and labour market research. Your basic personal information, such as Social Insurance Number, Medicare Number, Birth Date, etc., will NOT be released at any time to any individual or employer.

IMPORTANT REMINDERS

-  Type or print clearly
-  Incomplete forms will not be processed
-  Sign and date your form
-  Mail your form to the address provided or deliver it to the Apprenticeship and Certification office nearest to you.

INSTRUCTIONS FOR FILLING OUT THE FORM

- Client Id No. :** Not required / office use only
- Region :** Not required / office use only
- Occupation name:** Name of occupation(s) in which you were an apprentice or hold NB Certification as a journey person
- Occ. Code :** Not required / office use only
- Application No. :** Not required / office use only

PERSONAL SECTION : Please complete all fields

CURRENT EMPLOYER: Please complete all fields except “Employer Number” which is for office use only.

SIGN AND DATE APPLICATION BEFORE MAILING.

Any questions? Call the toll free number below

www.aoc-acp.gnb.ca
Toll Free Number : 1-877-453-3030



aoc-acp@gnb.ca
Numéro sans frais : 1-877-453-3030