

## **Apprenticeship**Level Exemption Test Application

This information is collected under *The Apprenticeship* and *Trades Qualification Act* and its Regulations, and is used to verify identification.

This information is protected by the Protection of Privacy provisions of *The Freedom of Information and Protection of Privacy Act*.

Direct all inquiries or correspondence to: Apprenticeship Branch Manitoba Education, Training and Youth 1010-401 York Avenue Winnipeg MB R3C 0P8 Phone: 945-3337

Toll free: 1-800-282-8069,

extension 3337

Fax: 948-2346

FLEASE FININI			
Trade	Print Name of Tra	nde Lev	rel 1
Name	First Name	Initial	Last Name
Date of Birth	Year/Month/Day	Social Insurance No	
Home Address	;		
	City/Town	Province	Postal Code
Phone	Home Phone	Business Phone	Cell Phone (if available)
			Date
Employer's Sig	nature in Writing		Date
order for \$100		urn this completed application er of Finance. All fees are not cheques.	
When your ap location.	plication is approved,	you will be notified of the ex	amination date and
		OFFICE USE ONLY	
Apprenticeship	o Registration Number		
Fee Attached	☐ Yes ☐ No	Test Level Approv	ed
Counsellor Sig	nature		Date



Date Called for Testing