



APPLICATION FOR EXAMINATION FOR THE CERTIFICATE OF QUALIFICATION

ADVANCED EDUCATION BRANCH, BOX 2703, WHITEHORSE, YUKON Y1A 2C6
Phone: 867-667-5298 Fax: 867-667-8555

Applying for Certification in the Trade of: _____

Name (please print) _____, _____, _____
(Last) (First) (Middle initial)

Date of Birth: day ____ / month ____ / year ____

Mailing Address _____ (postal code) _____

Telephone number (home) _____ (work) _____ (leave message at) _____

Presently employed as _____ Self-employed no yes

Name of your business or business you are working for _____

Do you hold trade certification issued by a Province or Territory of Canada? no yes ->

If yes, please attach a copy of your certificate to this application.

Have you completed an apprenticeship in Canada in this trade? no yes ->

If yes, please attach a copy of the Agreement, or proof of apprenticeship completion to this application.

Have you previously written a journey-level certification exam in this trade in Canada? no yes ->

If yes, where? _____ when? _____

IF YOU HAVE ANSWERED NO TO THE ABOVE QUESTIONS PLEASE PROVIDE WITH THIS APPLICATION YOUR TRADE EXPERIENCE VERIFICATION. YOUR VERIFICATION MAY BE IN ANY OF THE FOLLOWING FORMS:

- Letters (on company letterhead) from past and/or present employer(s) giving exact dates of employment including number of hours worked and type of work performed.
- Yukon "Trade Verification" forms, fully completed and signed by past and/or present employer(s).
Note: Trade Experience Verification forms may be obtained from Advanced Education Branch.
- Copies of any pertinent certificates or transcripts.

Sex:	Female <input type="checkbox"/>	Male <input type="checkbox"/>			
First Language	English <input type="checkbox"/>	French <input type="checkbox"/>	Other Specify _____		
Aboriginal Peoples: Aboriginal peoples means persons in Canada who consider themselves to be First Nation (status or non-status), Inuit or Metis. Do you consider yourself to be an aboriginal person?					
<input type="checkbox"/> No	<input type="checkbox"/> Yes ->	Status <input type="checkbox"/>	Non-Status <input type="checkbox"/>	Inuit <input type="checkbox"/>	Metis <input type="checkbox"/>

Personal information on this form is collected under authority of the Apprentice Training Act for the purpose of administering the certification program, maintaining a data base, and, if you are writing an Interprovincial Standards examination, determining your participation in the Red Seal Program. This information might be shared with other certification agencies and Statistics Canada where required. For further information, please contact the Advanced Education office at (867) 667-5298 or toll free at 1-800-661-0408, extension 5298. Please note: incomplete or erroneous information supplied on this application form might lead to your application being rejected.

Note: A fee for examination and/or certification is required and is paid on the day of the exam, or on the day the Certificate of Qualification is issued if no exam is required.

Signature of Applicant

Date

FOR DEPARTMENTAL USE ONLY

Client ID # _____

EXAMINATION APPROVAL

Type of Examination: Theory Practical

Approved _____
 Authorizing Signature Date

Rejected Reason for Rejection _____

RESULTS OF EXAMINATION (S) / CERTIFICATE ISSUANCE

Exam successfully completed Theory No Yes Practical No Yes

Certificate issued No Yes ->Certificate dated _____ Certificate # _____