

CONSENT TO DISCLOSE INFORMATION

- This form should be completed in full, signed, and returned to Apprenticeship and Occupational Certification. By doing so, you are granting the Apprenticeship and Occupational Certification Branch of the Department of Post-Secondary Education, Training and Labour the authority to release information respecting your participation in a recognized apprenticeship program and/or certification program for the purpose of assisting you in securing, promoting and maintaining 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 Occupational 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 journeyperson
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