

### LETTER OF UNDERSTANDING (LOU)

The **Apprentice** and **Employer** must complete and sign **Parts A & B** of this LOU and **return** it to the **Apprenticeship and Trades Certification Division (ATCD), Industrial Training Section**, for final approval.

By signing this LOU, the **ATCD** will:

- ensure that the applicant is **registered** as an apprentice (for new applicants);
- ensure that the information for a **new employer** is recorded (for registered apprentices);
- ensure that all **completed documentation** is recorded in the apprentice's file; and
- assign an **Apprenticeship Program Officer (APO)** to the Apprentice's file to establish and maintain a relationship with the employer and apprentice to ensure that all abide by the **terms** of this LOU.

**All fields are mandatory and must be completed.**

Your Application for Apprenticeship will be returned if this LOU is **INCOMPLETE**.

#### PART A (The Apprentice):

Upon signing this LOU, the **apprentice** agrees to:

- submit this completed LOU and the **Application for Apprenticeship** to the **ATCD** when **starting a job in their trade in another Canadian jurisdiction** for the **first time**;
- submit this completed LOU to the **ATCD** each time that there is a **change in employer** in another **Canadian jurisdiction**;
- attend **apprenticeship training** when called by the **ATCD**;
- complete all **apprenticeship training** and acquire the **workplace skills** and **hours** as outlined in the [NL Provincial Plan of Training](#) for their trade;
- complete all required **examinations** for the trade as prescribed by the ATCD, and adhere to ATCD's [Exam Misconduct Policy](#) for all **examinations**;
- have their **hours** and **workplace skills verified** in their Apprenticeship **logbook** by the employer and certified supervising journey person;
- follow the **Conditions Governing Apprenticeship Training** as outlined in the **NL Provincial Plan of Training**.
- **maintain a permanent Newfoundland and Labrador (NL) address** to qualify for apprenticeship training while working in another Canadian jurisdiction.

<b>Trade:</b>	<b>First Name:</b>	<b>Middle Name:</b>	<b>Last Name:</b>
<b>Apprenticeship Registration No.:</b>	<b>Cell Phone:</b>	<b>Email:</b>	

#### PERMANENT NEWFOUNDLAND AND LABRADOR ADDRESS

<b>P.O. Box and/or Street Address:</b>	<b>City or Town:</b>	<b>NL Postal Code:</b>	<b>Telephone Number:</b>
--	----------------------	------------------------	--------------------------

#### TEMPORARY OUT-OF-PROVINCE ADDRESS

<b>P.O. Box and/or Street Address:</b>	<b>City or Town:</b>	<b>Province:</b>	<b>Postal Code:</b>
<b>Telephone:</b>	<b>Email (if different):</b>		

#### Consent and Privacy Notice

The personal information in this form is being collected under the authority of section 61(c) of the **Access to Information and Protection of Privacy Act, 2015**, for the purpose of registering you as an apprentice and administering your participation in the apprenticeship and certification system. By submitting this form, you are also providing your consent for your name, apprenticeship status and number, and, once achieved, your certification status and certificate number to be included in a public online registry. If you have any questions about the collection, use, or disclosure of your personal information, please contact an Apprenticeship Program Officer at one of ATCD's regional offices, or email [app@gov.nl.ca](mailto:app@gov.nl.ca).

**I confirm that I maintain permanent residency and ordinarily reside in NL while working temporarily in another Canadian jurisdiction. This qualifies me to attend apprenticeship training in NL. I agree to the terms and conditions for apprentices as outlined in this agreement.**

\_\_\_\_\_  
Apprentice's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

Upon signing this LOU, the **employer** agrees to:

- have a **certified supervising journeyperson** on staff in the **same trade**. The certification must be recognized by the ATCD;
- provide **high quality** work experiences;
- **pay apprentices** a wage as per the apprenticeship authorities jurisdictional requirements;
- **confirm and record** in the Apprentice's logbook the hours worked;
- have **workplace skills verified** in the Apprentice's logbook by the certified supervising journeyperson; and
- **release and encourage** apprentices to attend **apprenticeship training in NL**.

Company Name:					9-digit CRA No.:		
Name of Company Representative:			Email:			Direct Phone Number:	
P.O. Box and/or Street Address:				City or Town:			
Province:			Postal Code:			Fax Number:	
Apprentice's Name:			Apprentice's Trade:			Apprentice's Date of Hire:	
Name of Supervising Journeyman:		Date of Birth:	Certificate of Qualification No.:		Date of Issue:		Issuing Province:
Number of <b>apprentices</b> in this trade in your employ:				Number of <b>certified journeymen</b> in the trade in your employ:			

**I, the employer/company representative, agree to release this apprentice to attend apprenticeship training in NL, and I agree to the terms and conditions for employers as outlined in this agreement.**

Employer's/Company Representative's Signature

Day      Month      Year

**APPROVED**

ATCD  
OFFICIAL  
STAMP

**Apprenticeship Registration Number:**

**Director's Representative - APO Signature:**

**REJECTED\***

Day                      Month                      Year

### Apprenticeship and Trades Certification Contact Information

**E-mail:** [ApprenticeshipOnline@gov.nl.ca](mailto:ApprenticeshipOnline@gov.nl.ca)

**Toll Free: 1-877-771-3737**

<b>Mount Pearl</b> 1170 Topsail Road PO Box 8700 St. John's, NL A1B 4J6 P: 709-729-2729	<b>Clareville</b> 45 Tilley's Road Clareville, NL A5A 1Z4 P: 709-466-3982	<b>Grand Falls-Windsor</b> 42 Hardy Avenue Grand Falls-Windsor, NL A2A 2J9 P: 709-292-4215	<b>Corner Brook</b> 1-3 Union Street PO Box 2006 Corner Brook, NL A2H 6J8 P: 709-637-2366	<b>Happy Valley-Goose Bay</b> 163 Hamilton River Road PO Box 3014, Station B, Happy Valley-Goose Bay, NL A0P 1E0 P: 709-896-6348	<b>Wabush</b> 1D Grenfell Drive PO Box 160 Wabush, NL A0R 1B0 P: 879-382-1920
--	---	--	--	---	--