

## APPLICATION FOR REGISTRATION OF AN APPRENTICE FOR TRAINING

1. Name: \_\_\_\_\_

2. Address: PO Box \_\_\_\_\_

Street \_\_\_\_\_

City/Town \_\_\_\_\_

Postal Code \_\_\_\_\_

E-mail \_\_\_\_\_

Telephone \_\_\_\_\_

3. Employer's Address: PO Box \_\_\_\_\_

Street \_\_\_\_\_

City/Town \_\_\_\_\_

Postal Code \_\_\_\_\_

E-mail \_\_\_\_\_

4. I am in the employ of \_\_\_\_\_, a funeral director/embalmer licenced under the Act, pursuant to an agreement dated \_\_\_\_ day of \_\_\_\_\_, 20\_\_ hereto attached. (Please attach a copy of the agreement with this application)

5. I enclose a copy of proof of successful completion of approved educational courses.

6. I enclose two statements of good character.

7. I enclose a Certificate of Conduct (RCMP or RNC)

8. I enclose a photograph of myself taken within the last twelve months.

9. I enclose the registration fee as prescribed by the Board, (see website for prescribed fees)

10. My mentor named above has been licenced under the Act for a minimum of 2 years.

I, \_\_\_\_\_, of \_\_\_\_\_ in the Province of Newfoundland and Labrador on the \_\_\_\_ day of \_\_\_\_\_, make oath and say:

1. I am the applicant herein for registration as an apprentice for training.

2. The information given by me herein is true.

Sworn before me at \_\_\_\_\_ in the Province of Newfoundland and Labrador this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Commissioner of Oaths

\_\_\_\_\_  
Signature of Apprentice