

NS Holder of Trade-Related Credentials (Application to Write the Interprovincial Examination)

PLEASE PRINT

Trade		
Print Name of Trade for which you are applying to write the Interprovincial Examination.		
Exam Sitting ID Number	Exam Location	Exam Date

Note - From the attached examination schedule, please indicate requested exam sitting, location and date.

Method of Payment: Certified/Business Cheque Money Order Visa Master Card Debit Card Cash

_____ (credit card account number) _____ (card holder's name) _____ (expiry date) _____ (signature)

IS THIS YOUR CREDIT CARD? **Y N** IF NO, ADDRESS FOR RECEIPT PURPOSES: _____

- Please enclose your fee payable to the MINISTER OF FINANCE in the amount of \$130.97 and forward completed application to the address above. **Personal cheques are no longer accepted and will be returned.**
- **Debit** and **Credit** payments are accepted in Halifax, Sydney and Truro Offices.
- **DO NOT MAIL CASH** - cash payment is accepted in the Halifax location with exact change only.

Personal Information							
Last Name				Former Last Name (if applicable)			
First Name				Middle Name (no initials)			
Social Insurance No.	Date of Birth	Year	Month	Day	Gender	M <input type="checkbox"/>	F <input type="checkbox"/>
Home Mailing Address				Apt. No.		E-Mail	
City/Town		Province			Postal Code		
Home Phone No.		Business Phone No.			Cell Phone No.		

Credential							
Certificate / Licence	Certificate / Licence No.	Issue Date			Expiry Date (must be current)		
<input type="checkbox"/> Cosmetology Association of Nova Scotia Master Hairstylist Certificate		Year	Month	Date	Year	Month	Day
<input type="checkbox"/> Department of Environment and Labour Mobile Crane - Class "A"		Year	Month	Date	Year	Month	Day

Declaration - The information I have provided is true and complete in all respects and I have not withheld any relevant information (Note: It is an offence under the *Apprenticeship and Trades Qualifications Act* to provide false information). I understand that all information provided in this application is subject to audit and verification by Labour and Workplace Development, Apprenticeship Training and Skill Development Division.

Release of Electronic Photograph and Signature - I authorize the Department of Service Nova Scotia and Municipal Relations to electronically provide my driver's license or identification card photograph and signature to Labour and Workforce Development, Apprenticeship Training and Skill Development Division for use on my identification card.

Signature of Applicant _____ **Client Master Number** _____
 _____ (Nova Scotia Driver's License only)
Date _____

Application Verified and Approved: Yes <input type="checkbox"/> No <input type="checkbox"/> If No, reason: _____	
Signature of Support Staff: _____	Date: _____

The Department will hold all personal information provided in confidence.