

**Nova Scotia Holder of Military Credentials
(Application to Write the Equivalent Interprovincial Standards Red Seal Examination)**

PLEASE PRINT

1. Trade					
Trade for which you are applying to write the Interprovincial Examination.			Registration #		Application #
			Referring officer		
Requested Exam Date		Exam Location			Exam Sitting ID Number

Note - From Appendix 1- select the IP Red Seal trade that corresponds to the Military Occupation

2. 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.

The Department will hold all personal information provided in confidence

3. Payment information			
<p>Method of Payment: <input type="checkbox"/> Certified/Business Cheque <input type="checkbox"/> Money Order <input type="checkbox"/> Debit Card <input type="checkbox"/> Cash</p> <p><input type="checkbox"/> Visa <input type="checkbox"/> Master Card</p>			
_____	_____	_____	_____
(credit card account number)	(card holder's name)	(expiry date)	(signature)
<ul style="list-style-type: none"> Please enclose your fee payable to the MINISTER OF FINANCE in the amount of \$130.97 and forward completed application to the address above. <u>Personal cheques are not accepted and will be returned.</u> 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. 			

4. Declaration

Please sign and date to confirm the following:

I have attached:

- Documentation verifying achievement of QL5 (MPRR) and,
- Letter confirming I hold the Rank of Corporal

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 Workforce 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 _____

Information Verified and Application Approved: Yes No **If No, reason:**

Signature of PLAR Coordinator

Date

Appendix 1 - Military Certification Equivalencies to Civilian Trades Certification

Program Equivalencies - Where a military trade correlates with more than one IP Red Seal trade the individual must choose <u>one</u> IP Red Seal trade.		
Military Trades	Interprovincial Red Seal Trade	Requirements
861 Cook	Cook	QL5 + Rank of Corporal
648 Construction Technician	Carpenter	QL5 + Rank of Corporal
642 Electrical Distribution Technician*	Construction Electrician	QL5 + Rank of Corporal
411 Vehicle Technician	Automotive Service Technician	QL5 + Rank of Corporal
	Heavy Duty Equipment Mechanic	QL5 + Rank of Corporal
	Truck and Transport Mechanic	QL5 + Rank of Corporal
313 Marine Engineering Technician	Industrial Mechanic (Millwright)	QL5 + Rank of Corporal
	Machinist	QL5 + Rank of Corporal
331/332 Marine Electrician	Industrial Electrician	QL5 + Rank of Corporal
441 Material Technician	Welder	QL5 + Rank of Corporal
646 Plumbing and Heating Technician	Plumber	QL5 + Rank Of Corporal
641 Refrigeration & Mechanical Technician	Refrigeration & Air Conditioning Mechanic	QL5 + Rank of Corporal

(Company letterhead)

{insert date}

**Department of Education
Apprenticeship Training and Skill Development Division
PO Box 578, 2021 Brunswick Street
Halifax, Nova Scotia
B3J 2S9**

**Subject: Holder of Military Credentials Program - Confirmation of Work Experience for
{insert name}**

To whom it may concern:

Mr./Ms. {insert name} has obtained the Rank of Corporal since receiving his/her QL5 certification the {insert name of Military Trade}.

If you have any questions or if you require additional information, please do not hesitate to contact me. I can be reached by telephone {insert daytime telephone number}, by facsimile {insert facsimile number} or by e-mail {insert e-mail address}.

Sincerely,

{insert full name - signature}

{insert full name - printed}

{insert business title and contact information}