

TRANSCRIPT REQUEST FORM

PLEASE PRINT

Trade _____

Trade Code _____ Registration # _____ Application # _____

Full Name _____
First Name Middle Name Last Name

Address _____

City/Town _____ County _____ Province _____

Postal Code _____ Home Phone _____ Business Phone _____

Social Insurance Number _____ Date of Birth _____

Do you hold the following:

Certificate of Apprenticeship # _____ Date Issued _____

Certificate of Qualification # _____ Date Issued _____

Interprovincial Red Seal # _____ Date Issued _____

Are you currently a registered apprentice? Yes No

What year/level of technical training did you complete? _____

I _____ Authorize Labour and Workforce
(First Name) (Last Name)
Development, Apprenticeship Training to release the following information from their records to the
name/ organization listed below: (Please be specific)

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

(credit card account number)

(card holder's name)

(expiry date)

(signature)

- Please enclose your fee payable to the MINISTER OF FINANCE in the amount of \$13.16 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.

The Department will hold all personal information provided in confidence.