

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. Incomplete LOUs will be returned.

CHECK ONE →

New Application

Change of Employer

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;
- have their **hours** and **workplace skills verified** in their Apprenticeship **logbook** by the employer and certified supervising journeyperson;
- 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.

Trade	First Name	Middle Name	Last Name
Apprenticeship Registration No.:	Cell Phone	Email	
(Check box if not registered <input type="checkbox"/>)			

PERMANENT NEWFOUNDLAND AND LABRADOR ADDRESS

P.O. Box and/or Street Address	City or Town	NL Postal Code	Telephone Number
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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

TEMPORARY OUT-OF-PROVINCE ADDRESS

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

PART B (The Employer):				
Upon signing this LOU, the employer agrees to:				
<ul style="list-style-type: none"> • 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 Trade		Apprentice's Date of Hire _____/_____/_____ Day Month Year	
Name of Supervising Journeyperson	Certificate of Qualification No.	Date of Issue _____/_____/_____ Day Month Year		Issuing Province
Number of apprentices in this trade in your employ:		Number of certified journeypersons 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	
OFFICE USE ONLY				
APPROVED	ATCD OFFICIAL STAMP	Apprenticeship Registration Number:		
		Director's Representative - APO Signature:		
		_____/_____/_____ Day Month Year		
*Reason for Rejection:				

Mount Pearl Department of Advanced Education, Skills and Labour Industrial Training Section 1170 Topsail Road P.O. Box 8700 St. John's, NL A1B 4J6 Phone: 709-729-2729 Fax: 709-729-5878 Toll Free: 1-877-771-3737	Clarenville Department of Advanced Education, Skills and Labour Industrial Training Section 45 Tilley's Road Clarenville, NL A5A 1Z4 Phone:709-466-3982 Fax: 709-466-3987 Toll Free: 1-877-771-3737	Central Department of Advanced Education, Skills and Labour Industrial Training Section 42 Hardy Avenue Grand Falls-Windsor, NL A2A 2J9 Phone: 709-292-4215 Fax: 709-292-4502 Toll Free: 1-877-771-3737	Western Department of Advanced Education, Skills and Labour Industrial Training Section Aylward Building 1-3 Union Street P.O. Box 2006 Corner Brook, NL A2H 6J8 Phone: 709-637-2366 Fax: 709-637-2519 Toll Free: 1-877-771-3737	Labrador Department of Advanced Education, Skills and Labour Industrial Training Section Bursley Building 163 Hamilton River Road P.O. Box 3014, Station B Happy Valley-Goose Bay, NL A0P 1E0 Phone: 709-896-6348 Fax: 709-896-6703 Toll Free: 1-877-771-3737
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