

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 journey person;
- 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) | | | |

PERMANENT NEWFOUNDLAND AND LABRADOR ADDRESS

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

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 REJECTED* | ATCD OFFICIAL STAMP | Apprenticeship Registration Number: | | |
| | | Director's Representative - APO Signature: | | |
| | | _____/_____/_____ Day Month Year | | |
| *Reason for Rejection: | | | | |

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| <p style="text-align: center;">Mount Pearl</p> <p>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</p> | <p style="text-align: center;">Clarenville</p> <p>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</p> | <p style="text-align: center;">Central</p> <p>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</p> | <p style="text-align: center;">Western</p> <p>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</p> | <p style="text-align: center;">Labrador</p> <p>Department of Advanced Education, Skills and Labour Industrial Training Section Burseley 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</p> |
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