



Apprenticeship Re-registration Information

Your personal information on this form and in all other communications related to apprenticeship and related programs will be used by the Ministry to administer and finance Ontario's Apprenticeship program.

Apprentice Information				
First Name		Last Name		Middle Initial
Ministry Client ID	Trade Code	Trade Name		
Complete Mailing Address				
Unit No.		Street Number and Name/R.R. No./P.O. Box		
City/Town		Province	Postal Code	
Email Address				
Home Phone Number			Cell Phone Number	
New Employer/Sponsor Information				
Business Name		Ministry Sponsor ID	Business Postal Code	
Regular working hours/week	Start date with new employer (dd/mm/yy)		# of trade & schooling hours completed to date (Hours-based)	
<p>If you have not completed your schooling, please indicate if your school preference and mode of delivery (full time/part time) remain the same. Please note that your schooling preference and mode of delivery must be approved by your new employer.</p>				
<p><input type="checkbox"/> Yes <input type="checkbox"/> No If no, please indicate changes _____</p> <p>_____</p>				