



## APPLICATION TO TRANSFER APPRENTICESHIP TO AN EMPLOYER WITHIN THE YUKON

## Important information

You can transfer your apprenticeship to a different employer at any time during your apprenticeship.

**Before** your employment ends with one employer, it's good practice to have your hours with that employer signed off in your apprenticeship record book. You'll then submit your record book with this form.

**After** your employment begins with a new employer, complete this form as soon as possible so that they are authorized to sign off on your hours in your apprenticeship record book.

Use this form if your employer is operating in the Yukon.

## Return your completed application and documents: By mail: In person: Online: Apprenticeship Office Apprenticeship Office Request a secure link to upload your complete application Education (E-13) Department of Education by emailing our office at: tso.apprenticeship@yukon.ca. Box 2703, Whitehorse, YT 1000 Lewes Boulevard Do not email the form directly to us as it contains personal Y1A 2C6 Whitehorse, Yukon information.

**Note** that your application will be considered incomplete if fields other than those marked "if applicable" are left blank. Incomplete applications will not be processed.

| Section 1 – Trade                      |                                   |         |   |              |             |  |  |  |
|--|-----------------------------------|---------|---|--------------|-------------|--|--|--|
| Trade                                  |                                   |         |   |              |             |  |  |  |
| Section 2 – Applicant information      |                                   |         |   |              |             |  |  |  |
| Legal last name                        |                                   |         | Legal first name                        |              |             |  |  |  |
| Former legal last name (if applicable) |                                   |         | Preferred first name (if applicable)    |              |             |  |  |  |
| Daytime phone number                   |                                   |         | Email address                           |              |             |  |  |  |
| Permanent mailing address              |                                   |         |   |              |             |  |  |  |
| Unit # (optional)                      | Street number and name or P.O. Bo |         | O. Box                                  | City or Town |             |  |  |  |
| Province or Territory                  | ory Country                       |         |   |              | Postal code |  |  |  |
| Section 3 – Employer information       |                                   |         |   |              |             |  |  |  |
| Legal business name                    | siness name                       |         | Operating business name (if applicable) |              |             |  |  |  |
| Mailing address                        |                                   |         |   |              |             |  |  |  |
| Unit # (optional)                      | Street number and name or P.      |         | P.O. Box City or Town                   |              |             |  |  |  |
| Province or Territory                  |                                   | Country |   | Postal code  |             |  |  |  |

Personal information is being collected pursuant to the Access to Information and Protection of Privacy Act s. 15(c)(i) for the purpose of tracking your consent for Apprenticeship and Trades Certification to collect and disclose your personal information while administering your apprenticeship agreement under the Apprentice Training Act and Regulations. For more information, please contact Training Support Officer, Department of Education, 867-667-5298.

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| Section 4 – Authorized employer contact  |                                |                                      |                |  |  |  |  |  |  |
|--|--------------------------------|--------------------------------------|----------------|--|--|--|--|--|--|
| First name   | Last name                      |                                      | Position/title |  |  |  |  |  |  |
|  |                                |                                      |                |  |  |  |  |  |  |
| E-mail address   |                                | Phone number (direct line preferred) |                |  |  |  |  |  |  |
|  |                                |                                      |                |  |  |  |  |  |  |
| Section 5 - Apprentice's first day of work with your company   |                                |                                      |                |  |  |  |  |  |  |
| Start date (YYYY/MM/DD)  |                                |                                      |                |  |  |  |  |  |  |
| Section 6 – Certified journeyperson who has consented to provide a copy of their certificate and who will be supervising this apprentice   |                                |                                      |                |  |  |  |  |  |  |
| Attach a copy of the journeyperson's certificate or wallet card  |                                |                                      |                |  |  |  |  |  |  |
| First name   |                                | Last name                            |                |  |  |  |  |  |  |
| Phone Number   | per E-mail A                   |                                      |                | mail Address                           |  |  |  |  |  |
| Certificate number   | Province or territory of issue |                                      |                |  |  |  |  |  |  |
|  |                                |                                      |                |  |  |  |  |  |  |
| Section 7 – Rates of pay for your company  |                                |                                      |                |  |  |  |  |  |  |
| Hourly rate of pay for an entry-level certified journeyperson \$   |                                |                                      |                |  |  |  |  |  |  |
|  | for the applicant              | \$                                   |                |  |  |  |  |  |  |
| Section 8 – Adequate mentorship  |                                | , , ,                                |                |  |  |  |  |  |  |
|  | entorship to the app           | licant by ensuring th                | nat a          | ☐ Yes ☐ No                             |  |  |  |  |  |
| Can your business provide adequate mentorship to the applicant by ensuring that a journeyperson supervises no more than two registered apprentices at any one time?  |                                |                                      |                |  |  |  |  |  |  |
| Section 9 – Transfer request approval  |                                |                                      |                |  |  |  |  |  |  |
| By signing this form, you, the apprentice and employer, request and agree to accept the transfer of the apprenticeship agreement. You agree to comply with the <i>Apprenticeship Training Act</i> and Apprentice Training and Tradesperson's Qualifications Regulation of the Yukon. |                                |                                      |                |  |  |  |  |  |  |
|  |                                |                                      |                |  |  |  |  |  |  |
|  |                                | YYY/MM/DD                            |                |  |  |  |  |  |  |
| NAME OF APPRENTICE (PRINT)   | SIGNATURE                      |                                      | DAT            | E                                      |  |  |  |  |  |
|  |                                |                                      |                | ////////////////////////////////////// |  |  |  |  |  |
| NAME OF EMPLOYER (PRINT)   | SIGNATURE                      |                                      |                | YYY/MM/DD<br>E                         |  |  |  |  |  |
|  |                                |                                      |                |  |  |  |  |  |  |
| Office use only  |                                |                                      |                |  |  |  |  |  |  |
| Agreement #:   |                                |                                      |                |  |  |  |  |  |  |
| Apprentice current status: in the period at % of minimum pay rate ITC initials:  |                                |                                      |                |  |  |  |  |  |  |
| ported at 70 of fillilling pay rate fro illinais   |                                |                                      |                |  |  |  |  |  |  |
|  |                                |                                      |                | VVV/MM/DD                              |  |  |  |  |  |

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DATE REGISTERED

SIGNATURE

NAME OF DIRECTOR (PRINT)