

Read the questions and instructions carefully. If you need help completing this form, in Alberta call 310-0000 and ask to be connected toll free to the nearest Apprenticeship and Industry Training (AIT) office (as listed on page 9). Outside of Alberta, contact any Alberta AIT office directly.

All applications, when completed and signed by the applicant, are to be sent to the nearest Alberta AIT office. Incomplete applications and applications missing the required non-refundable fee, transcripts or documents will be returned to the applicant. Only when the application is returned to the Alberta AIT office complete will it be processed.

You are eligible to apply for certification in an Alberta-designated occupation if you can demonstrate proof of the industry-established competencies for the Alberta-designated occupation, as identified in the table below.

For occupations listed in Group One, you also are required to pass an industry examination to qualify for certification.

<b>Group One</b> Proof of Industry Established Competency and Industry Examination Required	
<b>Construction Craft Labourer</b>	<ul style="list-style-type: none"> <li>credential from another jurisdiction for a line of work that is much the same as the Alberta Construction Craft Labourer occupation.</li> </ul>
<b>Field Heat Treatment Technician</b>	<ul style="list-style-type: none"> <li><b>Option #1</b> - credential from another jurisdiction for a line of work that is much the same as the Alberta Field Heat Treatment Technician occupation <b>OR</b></li> <li><b>Option #2</b> - a letter from the Prairie Heat Treatment Training Trust Fund (Quality Control Council of Canada) confirming the completion of the Field Heat Treatment training program and that the applicant has acquired 7200 hours of work experience over a minimum 48-month period.</li> </ul>
<b>Gas Utility Operator</b>	<ul style="list-style-type: none"> <li>credential from another jurisdiction for a line of work that is much the same as the Alberta Gas Utility Operator occupation.</li> </ul>
<b>Industrial Construction Crew Supervisor</b>	<ul style="list-style-type: none"> <li><b>Option #1</b> - credential from another jurisdiction for a line of work that is much the same as the Alberta Industrial Construction Crew Supervisor occupation <b>OR</b></li> <li><b>Option #2</b> - documented proof of 1000 hours worked as an industrial construction supervisor (foreperson) within a 24 month period. Work experience must have been earned within 5 years of the date the application is accepted at an Apprenticeship and Industry Training Office</li> </ul> <p><b>ALL</b> applicants must have <b>one</b> of the following courses:</p> <ul style="list-style-type: none"> <li>'Better Supervision' - Construction Labour Relations and the Building Trades of Alberta <b>or</b></li> <li>'Supervisor Training Program' - Christian Labour Association of Canada <b>or</b></li> <li>'Supervisor Training Program' - Merit Contractors <b>or</b></li> <li>'First Level Supervisor Training Program' - Construction Sector Council</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>'Leadership for Safety Excellence' (LSE) - Alberta Construction Safety Association.</li> </ul>
<b>Steel Detailer</b> ( <i>Level 1, Level 2 or Level 3</i> )	<ul style="list-style-type: none"> <li>credential from another jurisdiction for a line of work that is much the same as the applicable branch of the Alberta Steel Detailer occupation, <b>OR</b></li> <li>Registrar's Letter (level specified) from the Alberta Chapter of the National Institute of Steel Detailing (NISD)</li> </ul>
<b>Residential Construction Site Manager</b>	<ul style="list-style-type: none"> <li>credential from another jurisdiction for a line of work that is much the same as the Alberta Residential Construction Site Manager, <b>OR</b></li> <li>documented proof of 4500 hours and 36 months worked as a Residential Construction Site Manager</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>a certificate issued by the Professional Home Builders Institute of Alberta (PHBIA) for the Residential Construction Site Manager training program.</li> </ul>

## Group Two

Proof of Industry Established Competency (Industry Examination is NOT Required)

<b>Oil and Gas Transportation Services</b> ( <i>Supervisor, Swamper, Bed Truck Operator, Bulk Haul Truck Operator, Multi-Wheel Truck Operator <u>or</u> Winch Tractor Operator</i> )	<ul style="list-style-type: none"><li>• Original or certified true copy of the Petroleum Competency Program Certificate (branch specified) issued by the Petroleum Human Resources Council of Canada</li></ul>
<b>Snubbing Services</b> ( <i>Assistant Operator, Operator 1, Operator 2, Operator 3, Supervisor 1, <u>or</u> Supervisor 2</i> )	<ul style="list-style-type: none"><li>• original or certified true copy of the Petroleum Competency Program Certificate (branch specified) issued by the Petroleum Human Resources Council of Canada</li></ul>
<b>Well Testing Services Supervisor</b> ( <i>Level 3, Level 4 <u>or</u> Level 5</i> )	<ul style="list-style-type: none"><li>• original or certified true copy of the Petroleum Competency Program Certificate (branch specified) issued by the Petroleum Human Resources Council of Canada</li></ul>

**There is a \$150.00 non-refundable application fee that must be submitted with your application. A separate application and fee is required for certification in each occupation or branch of an occupation.**

## Information / Instructions for Occupational Certificate – Credentials Application

Following these simple steps will allow your application to be processed quickly:

1. Read all the questions carefully and answer them completely. The numbered explanations in these pages correspond to the numbered sections on the application.
2. **Print in ink.**
3. Attach the required documentation.
4. Submit your signed and completed application and the required non-refundable fee, transcripts and other documents to the nearest Alberta Apprenticeship and Industry Training office (as listed on page 9).

For further information on how to complete this application, in Alberta call 310-0000 and ask to be connected toll free to nearest Alberta Apprenticeship and Industry Training office (as listed on page 9). Outside of Alberta, contact any Alberta Apprenticeship and Industry Training office directly.

### 1 Occupation

- Print the name of the occupation in which you want to become certified. See page 1 for a list of Alberta-designated occupations.

### 2 Personal Information

- Print your full legal name clearly the way you want it to appear on correspondence or on a document issued as a result of your application.
- Please ensure that you have completed the application and that you have **signed section 7 (page 10)**.
- The Alberta Student Number (ASN) provides all Alberta 'learners' with one ID number that will be used from kindergarten through post secondary studies, including Alberta Apprenticeship and Industry Training. The ASN is used to streamline the disbursement of provincial funding to Alberta learners.

The ASN is recorded on Alberta High School Transcripts or is available on the Learner Registry at <http://www.learning.gov.ab.ca/learning/student services/ASNLookup>.

If you do not have an ASN (e.g., if you have moved to Alberta from another province), a 'Request for Alberta Student Number' form is available on the same website.

- Response to the question on Aboriginal status is voluntary. The information is being collected to ensure the department meets its mandate and responsibilities to measure system effectiveness and develop policies, programs and services to improve Aboriginal learner success in addition to other legislation applicable to the educational institution.
- **If you change your name or address in the future, contact the nearest Alberta Apprenticeship and Industry Training office (as listed on page 9) immediately so your records can be updated**

**Notification:** We are collecting the personal information in this application under the authority of section 33(c) of the Freedom and Information and Protection Act, Revised Statutes of Alberta 2000, to determine your eligibility to participate in a certification program in a designated occupation, to administer the Apprenticeship and Industry Training Act, and for research and statistical purposes. If you have any questions about the collection of this information, contact the Director, Policy, Research and Board Support, Advanced Education and Technology in Edmonton at (780) 427-8765 or toll-free in Alberta by calling 310-0000 and asking for (780) 427-8765.

PLEASE PRINT CLEARLY IN INK

<b>1</b>	<b>Occupation</b>	In what Alberta occupation are you applying to become certified?
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<b>2</b>	<b>Personal Information</b>	Alberta student number: <table border="1" style="display: inline-table; border-collapse: collapse; width: 100px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																				
Legal last name:		Former last name: (if applicable)																				
Legal first name:		Middle name (no initials):																				
Preferred first name:																						
Mailing address (P.O. box, street, city, province):																						
Postal code:		Home phone no.: (    )	Day time phone no.: (    )																			
Email address:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth date (yyyy/mm/dd):																			
If you require special needs services, describe the services you require.																						
What is your citizenship status in Canada?    Canadian Citizen <input type="checkbox"/> Permanent Resident of Canada <input type="checkbox"/> Other <input type="checkbox"/>																						
If you checked Permanent Resident of Canada, what is the effective date (yyyy/mm/dd)? _____																						
If you checked Other, what is your country of citizenship? _____																						
What is your 'first language' (language you speak and write best)?																						
If you wish to declare you are an Aboriginal person, please specify:																						
<input type="checkbox"/> Status Indian/First Nations <input type="checkbox"/> Non-Status Indian/First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit																						

## Information / Instructions for Occupational Certificate – Credentials Application (cont'd)

### 3 Employment Information

If you are working in Alberta in the occupation identified in section 1, complete this section.

### 4 Education and Training

#### Other Training and Certification

- If you have completed formal or technical training **in the occupation identified in section 1 or in any other trade or occupation**, please describe it here. If you need more space, put the additional information on a separate page. Attach a **certified true copy\*** of all supporting documentation (e.g., certificate, diploma, or transcript) to your application.
- If you hold any certificates, credentials or documents **for the occupation identified in section 1 or in any other trade or occupation**, please describe them here. If you need more space, put the additional information on a separate page. Please attach a **certified true copy\*** of each certificate, credential or document to your application.

If your documents are written in a language other than English, they must be **translated** by a certified member of the Association of Translators and Interpreters of Alberta. For referral to a certified translator, contact the Association of Translators and Interpreters of Alberta in Edmonton at 780-434-8384, or toll free at 1-888-434-2842, or through their website at [www.atia.ab.ca](http://www.atia.ab.ca).

- \* **A certified true copy is a copy that is certified to be an exact copy of the original. A lawyer or notary public can do this for you.**

### 3 Employment Information (If you are working in Alberta, complete this section.)

Legal name of business:										
Operating name of business:										
Mailing address (P.O. Box or Street):										
City and province:				Postal code:						
Phone no.: ( )		Alternate phone no.: ( )		Fax no.: ( )						
Site address: (if different from above)										
City and province:				Postal code:						
Phone no.: ( )		Alternate phone no.: ( )		Fax no.: ( )						
Email address:			Name of contact person:							
What is the primary occupation the business is involved with?			What date did you begin to work with this employer (yyyy/mm/dd)?							

### 4 Education and Training

What is the highest level of education you completed?		
Name of high school (attending or most recently attended):		
City/town of high school:	Last year attended:	Last grade attended:

Describe the formal or technical training courses you have completed in the occupation identified in section 1 or in any other occupation. If you need more space, put the additional information on a separate page. Attach the original or a certified true copy of all supporting documentation (e.g., certificate, diploma, or transcript) to your application.

course or program	university/college/technical institute	location	date started	degree/diploma/certificate obtained
			date completed	
			date completed	

What is the name of the occupation on the credential?	
What is the name of the province/state/country/company/organization that issued it?	
What is the number on the credential?	If you have a Completion of Apprenticeship Certificate, what is the number on it?
What is the date of issue on the credential?	If there is an Interprovincial Red Seal on this credential, what is the number on it?

## Information / Instructions for Occupational Certificate – Credentials Application (cont'd)

### 5 Work Experience in the Occupation *(This information will be verified.)*

Describe the work experience you have in the **occupation identified in Section 1**. Start with your current or most recent employer. If you need more space, put the additional information on a separate page.

**The work you describe must be hands-on experience only. Do not include time you spent on supervisory or foreman duties or training courses. The only exception to this is the Industrial Construction Crew Supervisor where supervisory experience is required.**

For each employer, you must provide either:

- completed **Confirmation of Work Experience** form(s) that are provided in the application package; or
- **certified true copies** (see page 5) or recent letters (no more than 2 years old) from your current or previous employers that include a description of the work you performed in the occupation, and confirms the number of months **and** hours of work experience completed. Letters from employers must be on official letterhead and include the company name, address and telephone number.

**NOTE: You must provide a 'land line' telephone number for current and past employers.** If you do not provide a land line telephone number, your work experience with that employer cannot be verified.

The work experience you describe on the application and supporting documents will be verified. **When your experience has been verified and you have met all other requirements, you will be notified of the date of your theory examination.**

In what country did you obtain most of your work experience?

#### Current or most recent employer:

Legal name of employer:									
Operating Name of Employer (if different from legal name):									
Mailing address (PO box or street):									
City, province/state, and country:						Postal code:			
Phone No.:			Alternate phone no.:			Fax no.:			
Site Address (if different from mailing address):									
City, province/state, and country:						Postal code:			
Phone no.:			Alternate phone no.:			Fax no.:			
Name of contact person:			Contact's phone no.:			Contact's fax no.:			
Time employed in occupation with this employer:			From (yyyy/mm/dd):			To (yyyy/mm/dd):			
Total months worked:					Total hours worked:				
Tasks performed (what work did you do in the occupation)?									

**Previous Employer:**

Legal name of previous employer (company):		
Address:		
City:	Province or state:	Country:
Name of contact person:		Contact's position:
Contact's phone no.:	Contact's fax no.:	Contact's email:
Time employed in occupation with this employer:		To (yyyy/mm/dd):
From (yyyy/mm/dd):		
Total months worked:	Total hours worked:	
Tasks performed (what work did you do in the occupation)?		

**Previous Employer:**

Legal name of previous employer (company):		
Address:		
City:	Province or state:	Country:
Name of Contact Person:		Contact's position:
Contact's phone no.:	Contact's fax no.:	Contact's email:
Time employed in occupation with this employer:		To (yyyy/mm/dd):
From (yyyy/mm/dd):		
Total months worked:	Total hours worked:	
Tasks performed (what work did you do in the occupation)?		

**Previous Employer:**

Legal name of previous employer (company):		
Address:		
City:	Province or state:	Country:
Name of Contact Person:		Contact's position:
Contact's phone no.:	Contact's fax no.:	Contact's email:
Time employed in occupation with this employer:		To (yyyy/mm/dd):
From (yyyy/mm/dd):		
Total months worked:	Total hours worked:	
Tasks performed (what work did you do in the occupation)?		

## Information / Instructions for Occupational Certificate – Credentials Application (cont'd)

### 6 Payment Information

- There is a \$150.00 non-refundable fee for the occupation certificate application that must be submitted with the application.
- If paying by certified cheque or money order, make it payable to the “**Minister of Finance and Enterprise**”.
- If paying by debit card (e.g., Interac), you must deliver your application in person to an Alberta AIT Office (see below).
- If payment is by VISA, MasterCard or American Express, complete this section of the application, or if someone else is making the payment, have this section completed and signed by the cardholder.
- **Do NOT send cash in the mail.**

### 7 Declaration of the Applicant

In this section we are asking you to **sign and date** your declaration to confirm that:

- you have answered all applicable questions to the best of your knowledge;
- you grant permission for Alberta Apprenticeship and Industry Training to verify the personal information entered on the application form;
- you will update Alberta Apprenticeship and Industry Training of any changes in the information; and
- you understand that if your application is cancelled, your employer will be notified of said cancellation.

**If you do not sign and date this declaration, your application cannot be processed.**

**All applications, when completed and signed by the applicant and the employer, are to be sent to the nearest Alberta AIT Office (see below). Incomplete applications and applications missing the required non-refundable fee, transcripts or documents will be returned to the applicant. Only when the application is returned to the Alberta AIT office complete will it be processed.**

#### Alberta Apprenticeship and Industry Training Offices

City or Town	Address	Postal Code	Phone No.
Bonnyville	2 <sup>nd</sup> Floor Provincial Building 4902 50 Avenue / PO Box 8115	T9N 2J4	(780) 826-6142
Calgary	Suite 200 Willow Park Centre 10325 Bonaventure Drive SE	T2J 7E4	(403) 297-6457
Edmonton	7 <sup>th</sup> Floor South Tower Seventh Street Plaza 10030 107 Street	T5J 4X7	(780) 427-8517
Fort McMurray	Box 19 7 <sup>th</sup> Floor Provincial Building 9915 Franklin Avenue	T9H 2K4	(780) 743-7150
Grande Prairie	Suite 100 Towne Centre Mall 9845 99 Avenue	T8V 0R3	(780) 538-5240
Hinton	564A Carmichael Lane	T7V 1S8	(780) 865-8293
Lethbridge	Room 280 2 <sup>nd</sup> Floor Provincial Building 200 5 Avenue South	T1J 4C7	(403) 381-5380
Medicine Hat	3021 Dunmore Rd SE	T1B 2H2	(403) 525-3100
Peace River	Midwest Building 9715 100 Street / Bag 900-28	T8S 1T4	(780) 624-6529
Red Deer	3 <sup>rd</sup> Floor First Red Deer Place 4911 51 Street	T4N 6V4	(403) 340-5151
Slave Lake	Northern Lakes College – AOC Training Centre 1008 7 <sup>th</sup> Street / PO Box 787	T0G 2A0	(780) 849-7228
Vermilion	Box 26 1 <sup>st</sup> Floor Provincial Building 4701 52 Street	T9X 1J9	(780) 853-8150

## 6 Payment Information

*Fees are non-refundable.*

Method of Payment  
(check one):

Certified Cheque (Payable to Minister of Finance and Enterprise)

Debit Card

MasterCard

VISA

American Express

Money Order (Payable to Minister of Finance and Enterprise)

Company Cheque (Payable to Minister of Finance and Enterprise)

If you check MasterCard, VISA, American Express, provide all of the credit card information requested below.

Card number:	Amount of payment: (payment must be made in full):	<b>\$150.00</b>
Expiry date: (mm/yy)	Cardholder name:	Cardholder signature:

## 7 Declaration of the Applicant

I have read the instructions, and I hereby make application for certification in a designated occupation, and I declare that:

1. The information I have provided is true and complete in all respects and that I have not withheld any relevant information  
(Note: It is an offence under the *Apprenticeship and Industry Training Act* to provide false information.)
2. I will notify an Alberta Apprenticeship and Industry Training office of any subsequent changes in the information contained on this application.
3. I authorize Alberta Advanced Education and Technology to contact other governments and their departments, boards or institutions as well as current and former employers to verify my certification, education, training, and work experience.
4. If my application is cancelled, my employer will be notified of the cancellation and the reason(s) why.

Name of applicant (please print):

Signature of applicant:

Date (yyyy/mm/dd):

***All applications, when completed and signed by the applicant, are to be sent to the nearest Alberta Apprenticeship and Industry Training (AIT) office (as listed on the page 9).***



**PLEASE PRINT IN INK**

Part 1: Information about the Individual			
Last Name:		First Name:	
Middle Name: <i>(no initials)</i>	Birth Date: <i>(yyyy/mm/dd)</i>	Gender:	
Trade/Occupation in which the individual is/was working: _____			
Type of employment:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Seasonal <input type="checkbox"/> Self-employed <input type="checkbox"/> Other _____
Period of Employment with this employer in the Trade/Occupation:	Start Date: <i>(yyyy/mm/dd)</i>	End Date: <i>(yyyy/mm/dd)</i>	
Number of months of work experience with this company: _____	Number of hours of work experience with this company: _____		
Tasks Performed (Detailed description of work done): <i>(This work must be hands-on experience only; time spent on supervisory or foreman duties, or training courses is not to be included in determining the work experience time. This information will be verified.)</i>			

Part 2: Information about the Employer			
Legal Name of Business:			
Operating Name of Business: <i>(if different from legal name)</i>			
Address:			
City:	Province:	Country:	Postal Code:
Phone Number: <i>(include all country, area and city codes to permit direct dialing)</i>	Fax Number: <i>(include all country, area and city codes to permit direct dialing)</i>		
E-mail Address:			
Does this Employer speak English? YES ___ NO ___	If not, what language does the Employer speak:		

Part 3: Endorsement	
I certify that, to the best of my knowledge, the information provided in this confirmation is true and complete in all respects. (Note: It is an offence under the <i>Apprenticeship and Industry Training Act</i> to provide false information.)	
Signature of Employer or person representing the Employer:	Date: <i>(yyyy/mm/dd)</i>
Name of Employer or person representing the Employer: <i>(please print)</i>	Position of person signing this Confirmation: <i>(please print)</i>

For Department Use Only		
Verification date <i>(yyyy/mm/dd)</i> : _____	Verified by: _____	Code: _____
Comments: _____		



**PLEASE PRINT IN INK**

Part 1: Information about the Individual			
Last Name:		First Name:	
Middle Name: <i>(no initials)</i>	Birth Date: <i>(yyyy/mm/dd)</i>	Gender:	
Trade/Occupation in which the individual is/was working: _____			
Type of employment:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Seasonal <input type="checkbox"/> Self-employed <input type="checkbox"/> Other _____
Period of Employment with this employer in the Trade/Occupation:	Start Date: <i>(yyyy/mm/dd)</i>	End Date: <i>(yyyy/mm/dd)</i>	
Number of months of work experience with this company: _____	Number of hours of work experience with this company: _____		
Tasks Performed (Detailed description of work done): <i>(This work must be hands-on experience only; time spent on supervisory or foreman duties, or training courses is not to be included in determining the work experience time. This information will be verified.)</i>			

Part 2: Information about the Employer			
Legal Name of Business:			
Operating Name of Business: <i>(if different from legal name)</i>			
Address:			
City:	Province:	Country:	Postal Code:
Phone Number: <i>(include all country, area and city codes to permit direct dialing)</i>	Fax Number: <i>(include all country, area and city codes to permit direct dialing)</i>		
E-mail Address:			
Does this Employer speak English? YES ___ NO ___	If not, what language does the Employer speak:		

Part 3: Endorsement	
I certify that, to the best of my knowledge, the information provided in this confirmation is true and complete in all respects. (Note: It is an offence under the <i>Apprenticeship and Industry Training Act</i> to provide false information.)	
Signature of Employer or person representing the Employer:	Date: <i>(yyyy/mm/dd)</i>
Name of Employer or person representing the Employer: <i>(please print)</i>	Position of person signing this Confirmation: <i>(please print)</i>

For Department Use Only		
Verification date <i>(yyyy/mm/dd)</i> : _____	Verified by: _____	Code: _____
Comments: _____		



**PLEASE PRINT IN INK**

<b>Part 1: Information about the Individual</b>			
Last Name:		First Name:	
Middle Name: <i>(no initials)</i>	Birth Date: <i>(yyyy/mm/dd)</i>	Gender:	
Trade/Occupation in which the individual is/was working: _____			
Type of employment:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Seasonal <input type="checkbox"/> Self-employed <input type="checkbox"/> Other _____
Period of Employment with this employer in the Trade/Occupation:	Start Date: <i>(yyyy/mm/dd)</i>	End Date: <i>(yyyy/mm/dd)</i>	
Number of months of work experience with this company: _____	Number of hours of work experience with this company: _____		
Tasks Performed (Detailed description of work done): <i>(This work must be hands-on experience only; time spent on supervisory or foreman duties, or training courses is not to be included in determining the work experience time. This information will be verified.)</i>			

<b>Part 2: Information about the Employer</b>			
Legal Name of Business:			
Operating Name of Business: <i>(if different from legal name)</i>			
Address:			
City:	Province:	Country:	Postal Code:
Phone Number: <i>(include all country, area and city codes to permit direct dialing)</i>		Fax Number: <i>(include all country, area and city codes to permit direct dialing)</i>	
E-mail Address:			
Does this Employer speak English? YES ___ NO ___		If not, what language does the Employer speak:	

<b>Part 3: Endorsement</b>	
I certify that, to the best of my knowledge, the information provided in this confirmation is true and complete in all respects. (Note: It is an offence under the <i>Apprenticeship and Industry Training Act</i> to provide false information.)	
Signature of Employer or person representing the Employer:	Date: <i>(yyyy/mm/dd)</i>
Name of Employer or person representing the Employer: <i>(please print)</i>	Position of person signing this Confirmation: <i>(please print)</i>

<b>For Department Use Only</b>		
Verification date <i>(yyyy/mm/dd)</i> : _____	Verified by: _____	Code: _____
Comments: _____		