

The information provided in or in connection with this application is collected, used and disclosed under the authority of the Ontario College of Trades and Apprenticeship Act, 2009 (OCTAA), the Regulations under the OCTAA, the College's by-laws, and other applicable laws or regulations.

Section A - Member Identification

What class of membership are you applying for?

Apprentices Journeypersons Candidates Tradespersons Journeypersons Employers/Sponsors Apprentices (OYAP)

If you don't know which class of membership you are applying for, please consult our website or the membership guide where you will find information on each class of membership.

1. Information for All Applicants

Are you already a member of the Ontario College of Trades? Yes No If Yes, what is your membership number?

| | | | | | |
|---|---|------------------------|---|-----------|----------------------------|
| First Name | | Middle Name or Initial | | Last Name | |
| Preferred First Name | | | Former Name (if any) | | Date of Birth (mm/dd/yyyy) |
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Preferred Language <input type="checkbox"/> English <input type="checkbox"/> French | | Cell Phone Number | | |
| Email Address | | | Fax Number | | |
| Home Address (if more than one please enter your principal residence) | | | Home Phone Number | | |
| Street Number | Street Name | | Unit Number | PO Box | |
| City / Town | | Province | Postal Code | Country | |
| Business Address (self employed) | | | Business telephone number (self employed) | | |
| Street Number | Street Name | | Unit Number | PO Box | |
| City / Town | | Province | Postal Code | Country | |

Are you self-employed? Yes No If No, what is the name of your current employer?

Have you ever been issued a Certificate of Apprenticeship, Letter of Permission, Provisional Certificate of Qualification or Certificate of Qualification in Ontario?
 Yes No If Yes, please detail below. Continue on a separate sheet if necessary.

| | | |
|--------------------|----------------------------|--|
| Certificate Number | Date of Issue (mm/dd/yyyy) | Full name as it appears on certificate |
| Certificate Number | Date of Issue (mm/dd/yyyy) | Full name as it appears on certificate |

As an Ontario College of Trades (the College) member, you have the right to have your statements, receipts and communications provided or made available to you through one of the following methods: electronically through email or paper via postal delivery. By default the College will communicate all statements, receipts and communications electronically when an email address is provided. At any time you may change the delivery method of your statements, receipts and communications by logging into your member account through our online portal or by contacting our Client Service Department at 1-855-299-0028.

By checking this box, I hereby request that the Ontario College of Trades send my statements and receipts by postal mail rather than email.

2. Information for Individual Applicants

Trade(s) Name(s) under which you are applying for membership

Trade(s) Code(s) under which you are applying for membership

3. Information for Employers/Sponsors - Information (Business and Organization Applicants Only)

| | | |
|-------------------------------|------------------------------|--|
| Legal Business Name | Operating as (if applicable) | MTCU Client ID (Sponsors only) |
| Employed Trades by Trade Code | | Ontario Business Identification Number (BIN) |

4. Payment Processing (Note: All payments to be made payable to the Ontario College of Trades)

Type of payment:

A Ya VYfgl jd ZY: \$135.60 (\$120.00 +HST) 5 ddfYbhjWgl jd'A Ya VYfgl jd'ZY: \$67.80 (\$60.00 +HST) 9I Ua ZY: \$169.50 (\$150.00 +HST)

5 ddfYbhjWgl b'CbHfj'c' Mci h '5 ddfYbhjWgl jd' Dfc[fUa 'fCM5 DL: YY9I Ya dh(\$0)

I am attaching a cheque or money order to cover fees or,
 I authorize the use of the following credit card to cover fees as follows:

Credit Card Payment Type: Visa Mastercard American Express

For you protection please do not Email credit card information. For Credit Card payments call or fax to the numbers at the top of this form.

Credit Card Number: Expiry Date: ____/____/____
(mm/yyyy)

Print Cardholder's Last Name: _____ First Name: _____

Signature of Cardholder: _____ Date signed: ____/____/____
(mm/dd/yyyy)

SECTION B - CONSENT FOR MINORS (Applicant is less than 18 Years of Age)

1. Parent or Guardian Information

| | | | | |
|---|-------------|------------------------|-----------------------------------|---------|
| First Name | | Middle Name or Initial | Last Name | |
| Preferred First Name | | Former Name (if any) | | |
| Relationship to Applicant | | | Does the Applicant live with you? | |
| Email Address | | | | |
| Home Address (if more than one please enter your principal residence) | | Home Phone Number | Cell Number | |
| Street Number | Street Name | | Unit Number | PO Box |
| City / Town | | Province | Postal Code | Country |
| Business Address | | | Business telephone number | |
| Street Number | Street Name | | Unit Number | PO Box |
| City / Town | | Province | Postal Code | Country |

Declaration of Accuracy and Consents for Application by Parent or Guardian

I declare that I am the custodial parent or guardian of _____ ,
 I have read the application completed by _____ and confirm that the information contained therein is accurate and consent to the application being filed.

Signature of Parent / Guardian

X

Date (mm/dd/yyyy) _____ / _____ / _____

Additional Information

If you, the Applicant, are not able to have a parent or guardian sign this Consent for Minors, please explain why.

SECTION C - VOLUNTARY SELF DECLARATION (STATISTICS COLLECTION)

Do you wish to self-identify as a member of a designated group?

YES NO

Your response to this question is entirely voluntary and will not affect your eligibility for membership. The information will be used by The College of Trades for policy analysis and statistical purposes related to employment programs and services.

- First Nations
- Métis
- Inuit
- Persons with Disabilities
- Visible Minority
- Newcomer to Canada; if yes, how long? Months _____ Years _____

SECTION D - Declarations and Consent

Declarations of Accuracy and Consents for Application

Certification of Accuracy of Information Provided

I declare that by signing below, all information I have provided or will provide to the Ontario College of Trades (the "College") in the future in or in connection with this application is true, accurate and complete. I agree to immediately notify the College regarding any future changes to information I have provided.

I acknowledge that if I provide false or misleading information or documents to the College, or fail to provide information or documents requested by the College:

- I may be denied a Certificate of Qualification, Provisional Certification of Qualification, or a Statement of Membership;
- any Certificate of Qualification, Provisional Certificate of Qualification, or a Statement of Membership issued by the College to me may be suspended, revoked, or made subject to specified terms, conditions or limitations;
- I may be guilty of an offense and on conviction liable for a fine; or
- I may be subject to other proceedings, penalties, costs, or consequences under the Ontario College of Trades and Apprenticeship Act, 2009 (the "OCTAA"), the Regulations under the OCTAA, and the College's by-laws, including but not limited to, professional misconduct proceedings which could result, if I am found guilty, in a range of penalties, including an order directing the Registrar to revoke, suspend or impose terms, conditions or limitations on any Certificate of Qualification, Provisional Certificate of Qualification, or Statement of Membership which the College may issue to me.

Consent

I consent that the College may for the purposes of the administration of the OCTAA contact, request information, documents or records from, and provide information to, other sources including:

- my current and former employers;
- governmental bodies, organizations (including departments, boards and agencies) or officials, police forces or military authorities;
- governing, regulatory, self-regulatory, apprenticeship or trades bodies, authorities, agencies or officials;
- educational institutions;
- consumer reporting agencies;
- publicly available sources under applicable laws or regulations;
- any other relevant sources.

I consent that the College may collect, use and disclose any information provided in or in connection with this application for the following purposes:

- verifying the information;
- processing this application;
- administering my file or membership with the College;
- administering and enforcing the OCTAA, the Regulations under the OCTAA, and the College's by-laws;
- conducting inspections or investigations;
- conducting policy analysis, evaluation and research related to apprenticeship and trades certification;
- any other purpose for which the College requests your consent and to which you consent;
- as required or permitted by law

I consent that all information, documents or records requested by the College for the above-noted purposes from other sources may be provided to the College.

In addition, I consent that the College may collect, use and disclose my personal information and confidential information provided in or in connection with this application as provided above, as well as in accordance with the College's privacy policy available at <http://www.collegeoftrades.ca/privacy> and as permitted or required by applicable laws or regulations.

The information provided in or in connection with this application is collected, used and disclosed under the authority of OCTAA, the Regulations under the OCTAA, the College's by-laws, and other applicable laws or regulations.

Background Questions

In the following questions, "you" refers both to an individual and to any corporation, partnership, proprietorship, or other organization used by an individual (alone or with others).

If you answer "Yes" to any of the following questions, please provide full details, including particulars, dates, results, outcomes, and supporting documents (if you need more space, please attach an extra page).

Have you ever had investigations proceedings or actions commenced against you by an apprenticeship or trades organization, regulatory or self-regulatory body in Canada or elsewhere, in relation to discipline, misconduct, incompetence, or incapacity?

No Yes If Yes, provide details.

Have you ever been refused membership, a licence, or a permit from an apprenticeship or trades organization, regulatory or self-regulatory body in Canada or elsewhere, on the grounds of discipline, misconduct, incompetence, or incapacity?

No Yes If Yes, provide details.

Have you ever had your membership, licence, permit or training agreement issued by an apprenticeship or trades organization, regulatory or self-regulatory body in Canada or elsewhere, revoked, suspended, or made subject to specified terms, conditions or limitations on the grounds of discipline, misconduct, incompetence, or incapacity?

No Yes If Yes, provide details.

Have you ever, as a member or holder of a licence, permit or training agreement of an apprenticeship or trades organization, regulatory or self-regulatory body in Canada or elsewhere, been reprimanded, admonished, fined, found guilty of an offence, received counselling, required to perform training or course of study, subject to any other remedial measures, or resigned, on the grounds of discipline, misconduct, incompetence, or incapacity?

No Yes If Yes, provide details.

Signature

X

Date (mm/dd/yyyy)

For staff use only- do not write in this section

Entered into TMS

Staff name: _____

Staff signature: _____

Date: _____
(mm/dd/yyyy)