

Application for Apprentice Permit



Please print clearly. Complete all sections of the form and mark all boxes which apply to you. Please remember to sign the Student Permit Card application before submitting.

All Applicants

- Applications will not be processed unless fully completed and accompanied by payment in full. Registration fee is \$15.00 per permit. A cheque or money order made payable to the CIABC must be attached or complete the credit card section below. A fee of \$20 will be charged for dishonoured or NSF cheques. DO NOT MAIL CASH. FEES ARE NON-REFUNDABLE.
- Fee includes both Permit Card and 1 year free membership with the CIABC. If you are applying after June 1, please indicate which year of membership you prefer.
 - Current Year
 - Following Year
- The apprentice must submit a copy of an "Agreement of Apprenticeship" contract with the Permit Application.
- This contract should include the following
 - ✓ Salon Letterhead
 - ✓ Program start date
 - ✓ Expected end date
 - ✓ Approximate number of hours worked per week
 - ✓ Description of areas of training through apprenticeship
 - ✓ Signature from Salon Proprietor
 - ✓ Signature from Apprentice

APPLICANT INFORMATION – PRINT CLEARLY			
Last Name:			
First Name and Middle Name:			Sex: <input type="checkbox"/> M <input type="checkbox"/> F
SIN #:	Date of Birth: <small>mm/dd/yyyy</small>	Personal Email:	
Home Phone:	Fax:	Cell Phone:	
Home Address:			
City:	Province:	Postal Code:	
Program: <input type="checkbox"/> Hairdressing <input type="checkbox"/> Barbering			
Statement of Applicant: I hereby apply for membership in the Cosmetology Industry Association of BC and verify that all information contained in this application is true.			
<hr style="width: 80%; margin: 0 auto;"/> Signature of Applicant		<hr style="width: 80%; margin: 0 auto;"/> Date (mm/dd/yyyy)	

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V5Z1E3

604-871-0222
1-800-663-9283

F: 604-871-0299

info@ciabc.net
www.ciabc.net

FOR OFFICE USE ONLY							
\$15	Other \$	CASH	M. ORDER	CHEQ	DEBIT	VISA	M/C

SALON INFORMATION – PRINT CLEARLY

Salon Name: _____

Salon Address: _____

City: _____

Province: _____

Postal Code: _____

Phone: _____

Fax: _____

Salon Email: _____

Where would you like your mail delivered to:

Home

Salon

TO BE COMPLETED BY APPRENTICE TRAINER – PRINT CLEARLY

The applicant for an apprentice permit card, whose name appears herein, has enrolled in the indicated program above.

Program Start Date: _____
(mm/dd/yyyy)

Program End Date: _____
(mm/dd/yyyy)

Signature of Trainer

Trainer's CIABC Qualification Number

Printed Name of Trainer

PAYMENT

Cheque

Credit Card Number

Expiry Date

Money Order

VISA

Name of Cardholder

MasterCard

Signature of Cardholder

Date (mm/dd/yyyy)