Cosmetology Industry Association of BRITISH COLUMBIA

899 West 8th Avenue
Vancouver BC V5Z 1E3
Tel: 604-871-0222 Fax: 604-871-0299
Toll Free in BC 1-800-663-9283
Website: www.ciabc.net Email: info@ciabc.net

APPRENTICE PERMIT CARD APPLICATION

INSTRUCTIONS

An application will not be processed (it will be returned) unless it is fully completed and accompanied by:

- **Registration Fee of TEN DOLLARS ($10.00). A cheque or money order (made payable to the CIABC) must be attached. DO NOT MAIL IN CASH. Fees are non-refundable**
- **The apprentice must submit a copy of a Agreement of Apprenticeship(date of beginning and expected date of completion as well as description of area of training through out the whole apprenticeship) between themselves and their employer. The above mentioned agreement must be received with this application in order for the apprentice to receive credit for his/her working time.**

DUPLICATE PERMITS ARE $10.00 EACH.

PLEASE PRINT CLEARLY!

TO BE COMPLETED BY APPRENTICE

Last Name, First & Middle Initial Name:

Mailing Address:

City: **Postal Code:**

Phone: **Sex:** **Social Insurance #:** **Date of Birth:**

(MM/DD/YYYY)

Email Address:

Date: _____ **Signature:** _____

TO BE COMPLETED BY SALON PROPRIETOR

The applicant for an *Apprentice Permit* whose name appears herein has enrolled in an *Apprenticeship Agreement* in the occupation of **Hairdressing** and will be employed at my salon under said agreement,

beginning on _____month_____day_____year and

completing on _____month_____day_____year.

_____ Signature of Proprietor

_____ Salon Name

_____ Proprietor's Printed Name

_____ Salon Address

Phone: _____

_____ Salon City/Postal Code

FOR OFFICE USE ONLY							
10	OTHER $	CASH	M. ORDER	CHEQ	DEB	VISA	M/C