



Journeyman's Application Restricted to X-Ray & Dental

Surname of Applicant _____
(Surname) (First Name) (Initial)

Employer's
Address _____
(Street/Box Number) (City) (Province) (Postal Code)

Telephone # _____ Fax # _____ E-Mail Address _____

Name of licenced employer _____
(Journeyman licence can only be issued under the licenced contractor's licence.)

Licence fees payable to MINISTER OF FINANCE

1 Year - \$20.00 5 Years - \$60.00

We accept payment by cheque, cash, money order or bank draft. Please do not send cash in the mail.

1. Please submit a photocopy of certificate(s) relevant to this trade if you have obtained one in this field.
2. A letter of recommendation from the company is required with this application stating the applicant's experience, and abilities, etc.
3. Length of time / experience in this type of electrical field

APPLICATION APPROVED BY _____

FOR DEPARTMENT USE ONLY

Journeyman Entered on List in Word

Files Made