

**APRENTICE REGISTRATION
CITY OF BURLINGTON**

Electrician

Initial Application _____
(DATE)

Plumbing

Renewal Application _____
(DATE)

NAME _____ PHONE (Home) _____

ADDRESS _____ Work) _____

NAME OF FIRM REGISTERING APPRENTICE _____

EDUCATION

NAME OF INSTITUTION

DATES

WORK EXPERIENCE

APPRENTICESHIP RELATED

DATES

WORK EXPERIENCE

APPRENTICE REGISTRATION FOR THE ABOVE APPLICANT IS HEREBY REQUESTED BY:

NAME OF ELECTRICAL CONTRACTOR

NAME OF MASTER PLUMBER

ELECTRICAL CONTRACTOR'S SIGNATURE

MASTER PLUMBER'S SIGNATURE

It shall be the responsibility of the Electrical Contractor or Master Plumber of each firm to assure that the Apprentices in their employment are properly registered with the City of Burlington.