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**APPRENTICESHIP
 NOTICE OF CHANGE FORM**

Apprentice: You must immediately notify Consumer Protection BC in writing, when you cease employment, change employers or change supervisors. Failure to complete this form could result in a suspension of your apprenticeship. Complete this form and return by fax (250) 920-7181.

 Name of Apprentice

PREVIOUS ASSIGNMENT

 Name of Funeral Provider

 Address

 Name of Previous Sponsoring Supervisor

 License #

Date Assignment Ended: _____

NEW ASSIGNMENT (IF APPLICABLE)

 Name of Funeral Provider – where training is to be conducted

 Address

 Name of New Sponsoring Supervisor

 License #

New Supervisor: Please complete the “Apprenticeship Supervisor Declaration” and return with this Notice of Change form.

Date Assignment Started: _____

I certify that the information in this document is true and correct to the best of my knowledge.

 Apprentice's signature

 Date

 Supervisor's signature

 Date

NOTE
A copy of this form will be forwarded to the Funeral Services Association of BC for the purposes of administering the Funeral Service Apprenticeship Program.