

COURIER: 321-3600 Uptown Blvd. Victoria, BC V8Z 0B9 MAIL: PO Box 9244 Victoria, B.C. V8W 9J2 FAX: (250) 920-7181 P: (604) 320-1664 TF: 1 888.564.9963 www.consumerprotectionbc.ca

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.

Name of Apprentice:	
Email: PREVIOUS ASSIGNMENT	
Address:	
Name of Previous Sponsoring Supervisor:	Licence #
Date Assignment Ended:	
NEW ASSIGNMENT (IF APPLICABLE)	
Name of Funeral Provider:	where training is to be conducted
	where training is to be conducted
Address:	
Name of New Sponsoring Supervisor:	Licence #
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:
<u>Note to New Supervisor:</u> Please complete the " <u>Apprenticeship Supervisor</u>	Declaration" and return with this Notice of Change Form.
A copy of this form will be forwarded to the Funer Funeral Service Apprenticeship Program.	al Service Association of BC for the purpose of administering the

Send completed form by email.

Email: <u>operations@consumerprotectionbc.ca</u>