





*New Brunswick Registered Barbers' Association*  
*Association des Barbiers immatriculés du Nouveau-Brunswick*  
*and / et*  
*Board of Barber Examiners of New Brunswick*  
*Bureau du Examineurs des Barbiers du Nouveau-Brunswick*



23 rue Main St. W/O, Saint John, N-B, E2M 3M9  
**506-693-6357**(office / bureau) - **506-672-8518** (fax / télécopie)  
 e-mail: examiners@nbrba.com Web : www.nbrba.com

**CERTIFICATION OF EMPLOYER**

Name of Employer:.....

Mailing Address:.....

License No:..... Expiration Date:..... Type:.....

I the above named employer do hereby certify the following record of employment for the apprentice listed herein. I understand that it is a criminal offence to certify hours and/or training of an apprentice under the Criminal Code of Canada (Revised Statutes of Canada) and with that understanding do hereby certify the following;-

Name of Apprentice:.....

License No:..... Expiration Date:..... Type:.....

Date of Initial Employment:..... Term:.....

Hours of employment weekly:..... Number of weeks employed:.....

TOTAL HOURS WORKED:..... Still employed by you?  Yes  No

If no what was the termination date:..... Terms:.....

Is it your opinion that the apprentice named and identified herein is competent in the occupation of a Barber and should he/she be permitted to perform the mandatory examinations for completion of the Apprentice level?  Yes  No If you answered no please explain;-.....

.....  
 .....

Is there any further information you wish to add? .....

.....

**Certification of Employer**

I the aforesaid employer do hereby certify that all the information contained herein is true and correct .I acknowledge that it is an offence under the **Canada Evidence Act** to supply false or misleading information an that the information supplied herein is the same as if made under oath by virtue of the **Canada Evidence Act (Revised Statutes of Canada)**.

**THEREFORE**, I hereby make this certification in the Province of New Brunswick under the pain and penalty of perjury.

➤ \_\_\_\_\_  
 Signature of Employer

➤ \_\_\_\_\_ 20\_\_\_\_  
 Today's Date