



*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*



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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;-.....

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Is there any further information you wish to add?

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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