

Prior Learning & Experience (PLE) Application Form

Complete all relevant sections and attach required documents (e.g., certificates, transcripts, program details). Incomplete applications will not be processed.

Submit this form and supporting documentation via email to exemptions@skilledtradesontario.ca

Section A – Applicant Information

First name:	Middle name or initial:	Last name:
Date of birth (mm-dd-yyyy):	STO Client ID No:	Phone number:
Email address:		
Trade Information – see Apprenticeship Programs Chart for trade names and codes.		
Trade name:		Trade code:

Section B – Seeking Education Credit (submit certificates/transcripts as evidence for each)

B1 Ontario Based Accredited Programs

- Pre-Apprenticeship Training Program - Diploma-Apprenticeship System Transfer Pathway		- Ontario Youth Apprenticeship Program (OYAP) - Hairstylist and Culinary Management Programs - Skills Development Fund (SDF) Training Programs	
Program name:		Institution:	
Certificate no.:		Date completed (mm-dd-yyyy)	

B2 Exemption Testing

Trade Name:		Test Location:	
Test code:	Test date (mm-dd-yyyy):	Test level:	
		☐ 1 ☐ 2 ☐ 3 ☐ 4	

B3 Other Canadian Province or Territory Apprenticeship In-Class Training

Province/territory:	Trade name:
Level(s) of training completed: ☐ 1 ☐ 2 ☐ 3 ☐ 4	Completion date (mm-dd-yyyy):

Section C – Seeking Credit for On-the-Job Work Experience (if you have completed on-the-job hours, provide a reference from your current sponsor for verification. Please note STO may require additional documentation for requested hours that exceed 2,500 annually).

Job title/position:		Canadian province/territory, or country:	
Reference name:		Preferred language:	Phone number:
Business name:		Email address:	
Start date (mm-dd-yyyy):	End date (mm-dd-yyyy):	Total on-the-job hours requested:	
Relationship between applicant and reference:			

Section D – Apprentice and Sponsor Agreement, Declaration and Consent

Apprentice Declaration of Accuracy & Agreement

I consent to Skilled Trades Ontario (STO) collecting, using, and disclosing the information provided with this application, including personal and confidential details, for assessing and processing my application, verifying information, administering my STO records, enforcing the Building Opportunities in the Skilled Trades Act (BOSTA), its regulations and STO by-laws, conducting inspections, investigations, policy analysis, research, and for any other purpose authorized by law or with my consent. **By signing this form, I (the apprentice applicant) certify that the information provided is accurate and complete and that I give my consent as specified above.**

Apprentice signature:	Date signed (mm-dd-yyyy):
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By signing this form, I (the Sponsor) acknowledge any training gaps there may be and give my agreement to the application and any of the training credits requested above.

Sponsor Declaration of Accuracy & Agreement

Sponsor first name:	Middle name or initial:	Sponsor last name:
Phone number:	STO Client ID #: (if applicable)	Email address:
Sponsor signature:		Date signed (mm-dd-yyyy):