

Instructions to Applicant:

1. Print or type all responses; 2. A separate application is required for each permanent college site; 3. Use additional sheets of paper if required; 4. Attach a certified cheque or money order to this application for all registration fees made payable to the Minister of Finance ; 5. Attach all required forms and supporting documents to the last page of this application; 6. Application must be signed, notarized and returned to: Manager, Private Career Colleges Division, P.O. Box 578, Labour and Advnaced Education, Halifax, NS, B3J 2S9 (902) 424-5636.

Private Career College Application	PCC# : _____
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SECTION 1: General College Information

1. Name of applicant:
 Person responsible for the College
 (Owner/President)

Mailing address:

E-mail Address:

postal code:		telephone:		fax:	
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2. **College Information:**

Name of college:

Name of college contact(s):

(Education liaison) Person who is
 authorized to make decisions and
 provide information to the Department

College site address:

Mailing address:

E-mail Address:

postal code:		telephone:		fax:	
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Web Site Address:

3. **Business Classification:**

- sole proprietorship
 partnership
 corporation
 franchise
(attach copy of agreement)
 society
 other: _____

Note: In the case of a corporation attach a copy of the by-law or resolution (duly passed) which authorizes the corporation to act as a private career college and what person is authorized to make binding decisions for the college.

4. **Joint Stock Registration # for College or Parent Business:**

5. **Bond / Letter of Credit (LOC) Information:**

Bonding Company / Bank	Bond # / LOC #	Amount	Date of Issue (dd/mm/yy)
	#	\$	
	#	\$	

6. **Fiscal Year End Date:** _____
 day/month

Tuition Payment Plan:

SECTION 2: Information on Applicant(s) / Agents

1. Provide the name of each person in the sole proprietorship / partnership / corporation / or franchise, address / contact telephone number, business relationship(partner/director/officer), and position / responsibility in the College.

Name	Address and Contact Telephone Number	Business Relationship	Position in College (Responsibility)
1.		Partner <input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/>	
2.		Partner <input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/>	
3.		Partner <input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/>	
4.		Partner <input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/>	
5.		Partner <input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/>	

2. Has the college applicant ever been registered under this or any other Act that regulates private training?
If YES, attach details. YES NO
3. Is the applicant engaged, occupied or employed directly or indirectly in any other business, occupation or profession? If YES, attach details. YES NO
4. Is there any other person or corporation whose name is not disclosed above who has any financial interest in the college beneficially or who otherwise exercises control or direction over the college? If YES, attach details. YES NO
5. Provide for each agent (recruiter) to be registered, the name, address / contact telephone number.

Agent Name (recruiter)	Address and contact telephone number
1.	
2.	
3.	

SECTION 3: Information on Premises

1. Premises are owned or leased from : _____
2. Maximum student capacity for the college? _____
3. Square footage : _____
4. Successful Fire Marshal's inspection report is attached. YES NO
Date of Inspection _____
5. Successful health and/or sanitation inspection report of premises is attached. (If required) YES NO N/A
Date of Inspection _____

SECTION 4: Fees

Application item	Fee	# of registrations	Total
Certificate of Registration	\$571.68	1	\$571.68 (A)
Program Registration	\$114.33 (per program)	_____	_____ (B)
TOTAL FEES	A+B		\$ _____

Note: (Cheque made payable to the Minister of Finance)
Fees must be attached to Form A

SECTION 5: Declaration

The Application for Certificate of Private Career College Registration must be signed by the applicant and sworn before a Notary Public or Commissioner of Oaths.

Notice and Consent

As required by the Freedom of Information and Protection of Privacy Act

WARNING: It is an offense to knowingly provide false information on this application and any attachments. The penalties are outlined in Section 36 of the Private Career Colleges Regulation Act. All information provided in connection with the application is subject to verification and/or audit by the Labour and Advanced Education. As part of the verification procedure, the Manager of Private Career Colleges may check with other sources to obtain information relevant to this application. In order to complete or verify the information provided on the Information on Applicant(s) section, it may be necessary for the Manager to collect additional information from agencies, sheriff's office, Registry of Joint Stock Companies, credit bureaus, trust companies, professional and industry associations, former and current employers, the provincial securities commissions, the Nova Scotia Department of Transportation, the Department of Consumer and Corporate Affairs of Canada and any other contact person or organization the Manager may require. I consent to the collection of this information. I understand that this information will be used to determine whether I am or remain qualified for the registration for which I am applying. The public official who can answer questions about the information collection is the Manager of Private Career Colleges.

I hereby certify that all information contained in this application and in its attachments is correct, and that I have verified the information contained in each instructor qualification form submitted for instructors and instructor assistants.

I hereby certify that I am able to comply with the requirements for a private career college as prescribed in the Private Career Colleges Regulation Act.

I understand the information provided to the Labour and Advanced Education will be treated as confidential subject to the provisions of the Freedom of Information and Protection of Privacy (FOIPOP) Act. In signing this form I am formally requesting that the information contained in the business plan, financial statements (projected and historical), and curriculum be kept confidential pursuant to section 21 of the Freedom of Information and Protection of Privacy Act.

Name of Owner/President(s): _____

Address: _____

Applicant signature(s) _____

Sworn before me at _____

(Notary Public / Commissioner of Oaths)

County of _____ in the Province of Nova Scotia

on this _____ day of _____ in the year _____

(Operator's Signature)