

Program Information

- All I-CAR registered Platinum Steel Structural Technicians or Platinum Aluminum Structural Technicians employed at an Accredited Light Vehicle repair facility in Manitoba are eligible to receive a maximum 50% allowance towards the registration costs after the successful completion of the following welding courses offered by I-CAR Canada:
 - ST105L01 (formerly SPS05)
 - ST045L01 (formerly WCA03)
- Successful applicants or repair facilities will receive a cheque by mail. As well, a T4A slip will be mailed in February of the year following the year of payment.
- This program is in effect from course completion date June 14, 2025, to June 13, 2027.

How to Apply

Welding Test Allowance

1. Apply any time after successfully completing your welding certification test
2. Fill out all sections of the application form (sections 1, 2, and 3)
3. Required items to attach with your application:
 - A copy of the welding course invoice
 - A copy of course completion

Questions can be emailed to partners@mpi.mb.ca or call (204) 985-7376.

Please scan and send your application by email to partners@mpi.mb.ca. You may also mail or drop off your application to:

Manitoba Public Insurance
Physical Damage Centre **Attn:** Accredited Repair Department
1981 Plessis Road
Box 45064
Regent Postal Outlet
Winnipeg MB R2C 5C7

Section 1: Personal Information (please print)

Last Name:

First Name:

Mailing Address:

City / Town:

Postal Code:

Home Phone: () -

Alternate Number: () -

Email Address:

I-CAR Number:

Shop Name:

Shop RAN:

Section 2: Verification by Employer (please print)

This section must be completed by your employer

As the employer of _____ I verify that:
(name of applicant)

1. They are currently registered with I-CAR

2. The employee is currently employed by: _____
(name of business)

Employer Name: _____ Title: _____

Employer Signature: _____ Date: _____

Section 3: Declaration (please print)

The information I have provided in this application and supporting documentation is true, accurate, and complete in every respect. If I have given any untrue information, I realize it may disqualify me from this program.

(name of applicant)

Signature: _____ Date: _____

Pay To (please select one)

Technician ☐ Repair Facility ☐

For payments to Technicians, please provide technician's SIN Number: _____

Privacy Statement

The personal information you provide in this application is collected under the authority of Section 6(2)(h) of *The Manitoba Public Insurance Act* and under the authority of Section 36(b) of *The Freedom of Information and Protection of Privacy Act*. This information will be used to administer the Tool Allowance and Apprenticeship Grant Program.

The information you provide will be used to validate your application, and to administer and enforce the program. You must provide your Social Insurance Number and the other personal information requested on this form before your application for the Tool Allowance and Apprenticeship Grant Program can be considered.

If you have any questions about the collection of your personal information, please contact the Manitoba Public Insurance Privacy and Information officer at (204) 985-7384 or Box 6300, Winnipeg MB R3C 4A4

Recommendation and Approval

(This section is for office use only)

Welding Test Allowance

Approved in the amount of \$ _____ Paid To _____

Not Approved

Signature of Reviewer: _____

Signature of Manager: _____ Date: _____