MANITOBA PUBLIC INSURANCE

Tool Allowance and Apprenticeship Grant Program
Application Form

Program Information

- A $5,000 maximum Tool Allowance is available to registered apprentices in either the Motor Vehicle Body Repairer Program or the Motor Vehicle Body Painter Program offered through Apprenticeship Manitoba.
- A $2,000 Apprenticeship Grant is also available to registered apprentices in either program for successfully completing each level of the chosen program, to the following maximums:
    - $8,000 (four levels x $2,000 per level) for those in the Motor Vehicle Body Repairer Program
    - $4,000 (two levels x $2,000 per level) for those in the Motor Vehicle Body Painter Program
- Successful applicants will receive a cheque by mail. As well, a T4A slip will be mailed in February of the year following the year of payment for income tax purposes.
- The program is in effect until March 31, 2027.

How to Apply

NOTE: All documentation, photos and forms being submitted must be clear and legible to avoid being returned for resubmission, therefore delaying processing.

Tool Allowance

1. Apply anytime after completing Level 1 of your program for tools purchased after January 1, 2010.
2. Fill out all sections of the application form (sections 1, 2, 3, 4, and 5).
3. Required items that must be included with your application:
    - A copy of your Apprenticeship Registration Card with your current employer listed
    - A copy of your First Level Technical Training Report (marks statement), signed by Apprenticeship Manitoba
    - A clear and legible copy of all receipts for tool purchases
    - Clear photos of newly purchased tools (photos can include multiple tools)

Apprenticeship Grant

1. Apply when you complete any level(s) of your program completed after January 1, 2010.
2. Fill out sections 1, 2, 4 and 5 of the application form.
3. For Levels 1-3, required items that must be included with your application:
    - A copy of your Apprenticeship Registration Card with your current employer listed
    - A copy of your Technical Training Report (marks statement), signed by Apprenticeship Manitoba

    For Level 4:
    - A copy of your Confirmation of Apprenticeship Completion Letter
    - A copy of your Apprenticeship Registration Card with current employer listed

Note: You can apply for both the Tool Allowance and the Apprenticeship Grant on one form. However, you must submit a new form for each completed level when applying for the Apprenticeship Grant.

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

Please scan and send your application and supporting documentation 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:
Social Insurance Number:	
Mailing Address:	
City / Town:	Postal Code:
Home Phone:	Alternate Number:
Email Address:	

I am applying for the:

Tool Allowance Grant ☐

and/or

Apprenticeship Grant ☐

I have completed:

-Select- of the Motor Vehicle Body Repairer Program

or

-Select- of the Motor Vehicle Body Painter Program

Section 2: Employment Information (please print)

Current Employer Name:	
Name of Contact Person:	
Mailing Address:	
City / Town:	Postal Code:
Phone:	Start Date of Employment (dd/mm/yyyy) / /

Section 3: Tools Purchased (please print)

Complete this section if you are applying for the Tool Allowance.

How to fill out the form:

- Each tool must be listed individually (one tool per line). This may result in multiple sheets being required.
- PST + GST must be added to the Taxes area.
- Tools must be new to your inventory and applicable to your program.
- All tools must be paid in full before submitting for the tool grant. Any tools listed on credit will not be approved.

Section 3: Tools Purchased (continued)

#	Sales Receipt Date	Supplier/Merchant Name	Tool Description	Tool Cost	Taxes *GST + PST*	Total Paid
1				$	$	$ 0.00
2				$	$	$ 0.00
3				$	$	$ 0.00
4				$	$	$ 0.00
5				$	$	$ 0.00
6				$	$	$ 0.00
7				$	$	$ 0.00
8				$	$	$ 0.00
9				$	$	$ 0.00
10				$	$	$ 0.00
11				$	$	$ 0.00
12				$	$	$ 0.00
13				$	$	$ 0.00
14				$	$	$ 0.00
15				$	$	$ 0.00
16				$	$	$ 0.00
17				$	$	$ 0.00
18				$	$	$ 0.00
19				$	$	$ 0.00
20				$	$	$ 0.00
21				$	$	$ 0.00
22				$	$	$ 0.00
23				$	$	$ 0.00
24				$	$	$ 0.00
25				$	$	$ 0.00
26				$	$	$ 0.00
27				$	$	$ 0.00
28				$	$	$ 0.00
29				$	$	$ 0.00
30				$	$	$ 0.00

31				$	$	$ 0.00
32				$	$	$ 0.00
33				$	$	$ 0.00
34				$	$	$ 0.00
35				$	$	$ 0.00
36				$	$	$ 0.00
37				$	$	$ 0.00
38				$	$	$ 0.00
39				$	$	$ 0.00
40				$	$	$ 0.00
41				$	$	$ 0.00
42				$	$	$ 0.00
43				$	$	$ 0.00
44				$	$	$ 0.00
45				$	$	$ 0.00
46				$	$	$ 0.00
47				$	$	$ 0.00
48				$	$	$ 0.00
49				$	$	$ 0.00
50				$	$	$ 0.00
51				$	$	$ 0.00
52				$	$	$ 0.00
53				$	$	$ 0.00
54				$	$	$ 0.00
55				$	$	$ 0.00
56				$	$	$ 0.00
57				$	$	$ 0.00
58				$	$	$ 0.00
59				$	$	$ 0.00
60				$	$	$ 0.00
					Total	$ 0.00

Section 4: 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 a registered apprentice with Apprenticeship Manitoba.
2. The tools listed above are required for work at: _____
(name of business)
3. The tools are new to the apprentice's tool inventory at the workplace.

Employer Name: _____ Title: _____

Employer Signature: _____ Date: _____

Section 5: 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: _____

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)

Apprenticeship Grant

Approved ◯ in the amount of $ _____ for level _____

Not Approved ◯

Tool Allowance

Approved ◯ in the amount of $ _____

Not Approved ◯

Signature of Reviewer: _____

Signature of Manager: _____ Date: _____