

## INSTRUCTIONS FOR APPLYING FOR UPGRADING

- Candidates are given four attempts to pass the written certification examination and if applicable, four attempts to pass the practical examination.
- This application must be completed for candidates applying for their third or fourth examination attempts. Refer to your previous examination results letter for instructions.
- Once received, your file will be forwarded to a SATCC Field Consultant. The consultant will review your file and prescribe your upgrading. A training plan will be created and a target date of completion will be set.
- After your training plan has been signed “completed,” you will be then be eligible for examination. An examination date will be scheduled and notification will be mailed to you.
- Voluntary Upgrading is available in the following trades for those interested:
  - Automotive Service Technician (online)
  - Boom Truck A and B Operator (classroom or online)
  - Carpenter (classroom or online)
  - Construction Craft Labourer (classroom)
  - Construction Electrician (classroom or online)
  - Cook (online)
  - Industrial Mechanic (Millwright) (online)
  - Mobile Crane Operator (classroom or online)
  - Plumber (online)
  - Scaffolder (distance delivery)
  - Sheet Metal Worker (online)
  - Welder (classroom)

Please include a \$125 processing fee paid by cheque, money order or credit card. Cheques are made payable to the SATCC. Note: there will be a \$25 charge for NSF cheques. No post-dated cheques are allowed.

**Mail, fax, or scan and email your application to:**

**Saskatchewan Apprenticeship and Trade Certification Commission (SATCC)  
2140 Hamilton Street  
REGINA SK S4P 2E3**

**Fax: 306-787-5105  
Email: [apprenticeship@gov.sk.ca](mailto:apprenticeship@gov.sk.ca)**

**Contact this office at (306) 787-2444 or toll free 1-877-363-0536 if you have any questions or concerns.**



Saskatchewan  
Apprenticeship and  
Trade Certification  
Commission



2140 Hamilton Street  
Regina, Saskatchewan S4P 2E3  
Tel (306) 787-2444  
Toll Free 1-877-363-0536  
Fax (306) 787-5105

For Office Use Only

## Form 4 Application for Upgrading

Trade:

Personal Information: (please print)

Last Name

Given Name

Middle Name

Mailing Address (Box/Street Number & Name; City, Prov., Postal Code)

Home Phone Number

Cell Phone Number

Work Phone Number

Email Address

Social Insurance Number

PSE Number

Gender:

Male

Female

Date of Birth (DD-MM-YYYY)

### Please select an Upgrading Option

Please specify the trade:

**Please note, this form must be accompanied by Form 2 and fee.**

Please see the attached instruction sheet for course delivery options for your trade.

Which delivery option would you prefer?

Online

Classroom

Form 2 and fee submitted

### Completion of this area is mandatory.

Consent to Disclose Information: My signature below authorizes the Saskatchewan Apprenticeship and Trade Certification Commission (the "SATCC") to collect, use and disclose personal information about me, pertaining to my participation in apprenticeship / certification programs, for the following purposes: (i) for the administration of the SATCC's programs, which may include sharing the information with any employer or institution providing me with apprenticeship or certification training; (ii) for the purposes of providing verification of my certification, determining my eligibility for apprenticeship and certification programs in other jurisdictions; (iii) assisting in inter-provincial labour mobility; (iv) program planning and (v) market research.

Date

Signature

The following information is voluntary.

**Aboriginal Ancestry:** Please check the appropriate category:

First Nations

Métis

Inuit

**Disability:** Do you consider yourself to have a persistent and severe disability which limits employment activities?

Yes

No

**Visible Minority:** For the purpose of equity programs, visible minority persons are "persons, other than Aboriginal people, who are people of colour." For example, African, Chinese, Korean, or other racial background. Do you consider yourself to be a visible minority person?

Yes

No

Card Holder:

Amount: \$

Card Holder Day Time Phone Number or Email Address:

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Visa

-----  
Mastercard

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Visa Debit Card

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MasterCard Debit Card

Card Number:

Expiry Date: