



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 5 Application for Replacement of Document

\$75 per application. One application per trade.

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 PSE Number

Gender: Male Female
Date of Birth (DD-MM-YYYY)

Type of Document:

- Apprenticeship Year Card Y1 Y2 Y3 Y4
 Journeyperson Certificate of Qualification Certificate of Completion of Apprenticeship
 Proficiency Certificate
 Special Permit Learner's Certificate
 Other Document (Please Specify)

Size of Document (attach original or complete Statutory Declaration on the following page):

- Wall Certificate (8 1/2" X 11") Wallet Size Card

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: \$ \$75.00

Card Holder Day Time Phone Number or Email Address:

Visa Mastercard Visa Debit Card MasterCard Debit Card

Card Number: Expiry Date:

I do solemnly declare that:

The Wallet Card Number:

and/or

Certificate/Permit Number:

Issued to me has been lost/destroyed.

Explain the circumstances relating to the loss/destruction of the documents to be replaced:

Details:

I make this solemn declaration conscientiously believing it to be true.

Signature of Applicant

Witness Signature

Print Witness Signature

Witness Address Below:

Candidates applying for a name change on their certificates, must return the originals (if still in their possession), along with a copy of proof of name change. If originals are lost/destroyed, complete the witness portion above.