



603 – 45<sup>th</sup> St. W.  
SASKATOON SK S7L 5W5  
Phone: (306) 933-8476  
Fax: (306) 933-7663  
Email: atc.boardreply@gov.sk.ca

**TRADE BOARD  
APPLICATION**

Trade Board Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code

Place of Work: \_\_\_\_\_

Work Address: \_\_\_\_\_

Postal Code

Telephone Numbers:

Business \_\_\_\_\_ Residence \_\_\_\_\_

Cell \_\_\_\_\_ Fax \_\_\_\_\_

E-mail: \_\_\_\_\_

I declare that I am self-nominating  
(Trade Board Nomination Form is required if not self-nominating)

<p><b>PLEASE SIGN:</b></p> <p>Date: _____ Signature: _____</p>
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**As a Trade Board Member:**

What organization or constituency could you represent on your Trade Board?

- union - which union? \_\_\_\_\_
- non-union
- aboriginal
- northern
- diversity
- other \_\_\_\_\_

Do you consider yourself a representative of:

- employer (complete attached employer section)
- employee (complete attached employee section)

How will you communicate with your constituency about apprenticeship issues?  
(e.g. association meetings, union newsletters, lunch time discussions, etc.)

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Are you willing/able to gather and give out information about apprenticeship issues?

yes  no

Are you “on the tools”?

yes  no

If **no**, what is your role on the job?

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How many years have you worked in the trade? \_\_\_\_\_ years

Please provide additional information that you think is relevant to this application.  
(use additional page if needed or attach a resume)

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Are you a member of a group which is under represented in the apprenticeship system?  
(women in predominately male occupations, persons of aboriginal ancestry, persons with disabilities and visible minorities)

yes  no

If **yes**, please indicate which group: \_\_\_\_\_

THE FOLLOWING QUESTIONS FOR **EMPLOYER REPRESENTATIVES ONLY**:

Do you/does your company presently employ journeypersons? yes  no

Do you/does your company employ apprentices now? yes  no

Are you a journeyperson? yes  no  Issuing Province: \_\_\_\_\_

In which trade(s)?  
\_\_\_\_\_

Interprovincial? yes  no

Do you hold other education or training credentials/certificates? yes  no

If yes, please specify: \_\_\_\_\_

Did you complete an apprenticeship? yes  no

Are you a member of any industry associations:

as an individual? yes  no

as a representative of your company? yes  no

If **yes**, please list association names:  
\_\_\_\_\_

Do you hold or have you held any executive position with an industry association?

yes  no

If **yes**, what position? \_\_\_\_\_

Which association? \_\_\_\_\_

Do you attend association meetings? Always \_\_\_\_\_ Regularly \_\_\_\_\_  
Occasionally \_\_\_\_\_ Never \_\_\_\_\_

Is there any distinct sector in which your company works?

(e.g. commercial, industrial, retail, residential, etc.)  
\_\_\_\_\_

Number of employees?

full-time \_\_\_\_\_ part-time \_\_\_\_\_ seasonal \_\_\_\_\_

Will your employer support your participation on a trade board and release you as needed to attend meetings?

yes  no

THE FOLLOWING QUESTIONS FOR **EMPLOYEE REPRESENTATIVES ONLY**:

Are you self-employed? yes  no

Are you a journey person? yes  no

Issuing Province: \_\_\_\_\_

In which trade(s)?  
\_\_\_\_\_

Interprovincial? yes  no

Did you complete an apprenticeship? yes  no

Do you hold other education or training credentials/certificates? yes  no

If **yes**, please specify:  
\_\_\_\_\_

Have you taken updating/upgrading courses? yes  no

If **yes**, which courses specifically?  
\_\_\_\_\_

Do you hold or have you held any executive position with your Union? yes  no

If **yes**, what position?  
\_\_\_\_\_

Are you a member of an association/organization? yes  no

If **yes**, please list:  
\_\_\_\_\_

Do you hold or have you held any executive position with an industry association?  
yes  no

If **yes**, what position? \_\_\_\_\_

Which association? \_\_\_\_\_

Will your employer release you to attend trade board meetings as needed?  
yes  no



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**TRADE BOARD  
CONSENT  
FORM**

**Trade Name:** \_\_\_\_\_

In the interests of facilitating communications within the apprenticeship sector, the SATCC will be as open and transparent as practical with regard to informing third parties of Trade Board meeting dates, membership and activities. In order to do so, the SATCC requires the informed consent of Trade Board members to release their names and contact information to third parties. The SATCC is also seeking consent to publish Trade Board members' names and contact information on its web-site.

Your Social Insurance Number is required for the issuing of T4 receipts related to payment of your honorarium and employment insurance deductions.

**Please fill in all of the information below. The only information that will be released will be the information you indicate by checking one/or all of the boxes on the following page.**

NAME:	
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RESIDENTIAL ADDRESS:	
RESIDENTIAL PHONE #:	
CELL #:	

BUSINESS NAME:	
BUSINESS ADDRESS:	
BUSINESS PHONE #:	
FAX #:	

EMAIL ADDRESS:	
SOCIAL INSURANCE #:	

**Page 2 – Trade Board Consent Form**

Please indicate which address you wish your expense reimbursements to be sent to:

- Your Home Address
- Your Work Address
- Your email address for EFT  
(attach the completed Direct Deposit form and void cheque or banking information)

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Please read the declaration below and sign it if you consent to the release and publication of your name and contact information. Thank you.

There are three options for the contact information that the Commission may release or publish along with your name. Choose one of the three options below by checking the number beside the address you wish to release:

- 1. Your Home Address
- 2. Your Work Address
- 3. c/o Saskatchewan Apprenticeship  
& Trade Certification Commission  
603 45th Street West  
SASKATOON SK S7L 5W5

I consent to the release and publication of my name and contact information and understand this will be valid for as long as I am a board member with SATCC.

\_\_\_\_\_  
(print name)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

Please complete & return to:  
Saskatchewan Apprenticeship and Trade Certification  
Commission 603 45th Street West  
SASKATOON SK S7L 5W5  
Fax: (306) 933-7663  
Email: atc.boardreply@gov.sk.ca

Revised: Mar/19

# Direct Deposit Payment Request Form

**Check one only**

To Start Direct Deposit

To Change Information on Direct Deposit

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Email Address \_\_\_\_\_

By providing your email address, your payment advice will be delivered to the above email address.

**1. Sign this form authorizing payment by direct deposit to your account.**

I hereby authorize direct deposit to the account designated below. I understand that the information provided herein will be used by the Government of Saskatchewan for the purposes of payment processing and accordingly is available to all ministries of the Government of Saskatchewan for such purposes. Further, I understand that this agreement may be cancelled at any time by myself or the Government of Saskatchewan by written notice.

Signer's Name \_\_\_\_\_ Title \_\_\_\_\_  
(please print) (please print)

Authorizing Signature \_\_\_\_\_ Telephone Number \_\_\_\_\_

**2. Please do A or B: (A is preferable, unless we are paying to a non-chequing account)**

A) Attach a current blank company cheque or photocopy marked "Void". The payee's name and address should be pre-printed on the cheque.

B) Have **an official from your financial institution** provide the following information regarding your current account.

Branch	Institution	Account Number																												
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\_\_\_\_\_  
Name and Address of Financial Institution

\_\_\_\_\_  
Financial Institution Official's Signature and Stamp

**Please scan signed document and submit to [mhd@gov.sk.ca](mailto:mhd@gov.sk.ca) or by fax at (306) 787-7227**

<b>For Office Use Only</b>	Supplier Site Name _____
	Date Received in Finance _____ Received by _____
	Date Entered on MIDAS _____ Entered by _____