



Saskatchewan
Apprenticeship and
Trade Certification
Commission

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SATCC@gov.sk.ca

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

Date of Birth (DD-MM-YYYY)

Gender: Male Female

Type of Document:

- | | | | | |
|---|--|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> Apprenticeship Year Card | <input type="checkbox"/> Y1 | <input type="checkbox"/> Y2 | <input type="checkbox"/> Y3 | <input type="checkbox"/> Y4 |
| <input type="checkbox"/> Journeyperson Certificate of Qualification | <input type="checkbox"/> Certificate of Completion of Apprenticeship | | | |
| <input type="checkbox"/> Proficiency Certificate | <input type="checkbox"/> Learner's Certificate | | | |
| <input type="checkbox"/> Special Permit | | | | |
| <input type="checkbox"/> Other Document (Please Specify) | | | | |

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

- | | |
|--|---|
| <input type="checkbox"/> Wall Certificate (8 1/2" X 11") | <input type="checkbox"/> 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 and health 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.

Indigenous 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 Indigenous 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: <input style="width: 450px; height: 25px;" type="text"/>	Amount: \$	<input style="width: 100px; height: 25px; text-align: right;" type="text" value="\$75.00"/>
Card Holder Day Time Phone Number or Email Address: <input style="width: 400px; height: 25px;" type="text"/>		

<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa Debit Card
<input type="checkbox"/> MasterCard Debit Card		
Card Number: <input style="width: 300px; height: 25px;" type="text"/>	Expiry Date: <input style="width: 250px; height: 25px;" type="text"/>	

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.