



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

**CEDB/TEB  
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, Curriculum and Examination Development Board (CEDB) and Trade Examining Board (TEB) members to release their names and contact information to third parties.

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: |  |
|-------|--|

|                      |  |
|----------------------|--|
| 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)
- 

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