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 Email: [atc.boardreply@gov.sk.ca](mailto:atc.boardreply@gov.sk.ca)

**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: |  |
|-------|--|

|                      |  |
|----------------------|--|
| RESIDENTIAL ADDRESS: |  |
| RESIDENTIAL PHONE #: |  |
| CELL #:              |  |

|                   |  |
|-------------------|--|
| BUSINESS NAME:    |  |
| BUSINESS ADDRESS: |  |
| BUSINESS PHONE #: |  |
| FAX #:            |  |

|                     |  |
|---------------------|--|
| EMAIL ADDRESS:      |  |
| SOCIAL INSURANCE #: |  |

