

# Trade Examining Board Application

## Section 1: Personal Information

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

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

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

Postal Code: \_\_\_\_\_

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

Current Job Title: \_\_\_\_\_

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

Telephone Numbers:

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

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

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

## Section 2: Declaration

☐ I hereby declare that all information provided in this application is current, complete, and accurate to the best of my knowledge.

**PLEASE SIGN:**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_



### Section 3: Representation

I am interested in contributing to the following areas:

- ☐ Practical Examination Marking (if applicable)
- ☐ Tutoring and Apprentice Support – Written certification preparation

What group could you represent on your Board?

- ☐ Indigenous ancestry
- ☐ Women
- ☐ Women in predominately male occupations
- ☐ Persons with disabilities
- ☐ Racialized groups (visible minority)
- ☐ I wish to not represent any group
- ☐ Other: \_\_\_\_\_

Which languages do you speak fluently?

- ☐ English
- ☐ French
- ☐ Other: \_\_\_\_\_

Willing to represent bilingual speakers for SATCC workshops and trade matters?  
yes ☐ no ☐ not applicable ☐

### Section 4: Trade Certification and Experience

Are you a journeyperson? yes ☐ no ☐

Interprovincial? yes ☐ no ☐

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

Years in the trade: \_\_\_\_\_

Issuing province: \_\_\_\_\_

Journeyperson number: \_\_\_\_\_

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?

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Have you ever worked as an instructor in your trade(s)?

yes ☐ no ☐

Do you currently work, or plan to work in the future, as an instructor in your trade?

yes ☐ no ☐

If yes, please briefly describe your instructional role and how often you teach:

*The SATCC allows industry representatives who also instruct onto its advisory boards, but they will be excluded from meetings where confidential material is reviewed or developed.*

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## Section 5: Industry Information

Are you “on the tools”? yes ☐ no ☐

If **no**, what is your role? \_\_\_\_\_

Does your company specialize in a particular sector?

*(e.g. commercial, industrial, retail, residential, etc.)*

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Communication methods with your constituency about apprenticeship:

*(e.g. association meetings, union newsletters, lunch time discussions, etc.)*

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Willing to share apprenticeship information: yes ☐ no ☐

Are you a member of any industry associations:

as an individual? yes ☐ no ☐

as a representative of your company? yes ☐ no ☐

with a union? yes ☐ no ☐

union – please specify name: \_\_\_\_\_

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

\_\_\_\_\_

Do you hold or have you held an executive role with an association or with a union?

yes ☐ no ☐

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

Which association or union? \_\_\_\_\_

Do you attend association meetings? Always ☐ Regularly ☐ Occasionally ☐ Never ☐

Will your employer support your participation on a trade board and release you as needed to attend meetings? yes ☐ no ☐

### Section 6: Submit Professional Resume

Please attach your current resume highlighting relevant experience, leadership roles, professional achievements, and any prior board or committee involvement. This document will help the Trade Board Appointment Committee assess your qualifications and alignment with the board's mission and strategic goals.

☐ I confirm that my resume has been updated to reflect my most recent experience and qualifications.

## Section 7: Code of Conduct

### SATCC Trade Examining Board Member Commitment

As a member of a SATCC board, I commit to upholding the values and responsibilities that support Saskatchewan's apprenticeship system and contribute to the betterment of industry.

I acknowledge that:

- **My role is to serve the industry I represent**, prioritizing the training and certification of all apprentices in the province.
- **I will act with integrity**, avoiding any personal, professional, or financial conflicts of interest and refraining from using membership on the board for personal gain.
- **I will foster respectful collaboration**, valuing diverse perspectives and working constructively in a professional manner with fellow board members, training providers, and SATCC staff.
- **I will notify SATCC if I plan to instruct**, should I become employed as a technical training instructor in the province.
- **I understand the scope of the board**, and that SATCC does not mediate labour disputes, pay rates, or legal matters outside its mandate.
- **I understand my responsibilities**, reviewing the Trade Board Responsibilities, Code of Conduct and Conflict of Interest Policy annually or as required.

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(print name)

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(signature)

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(date)

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

Revised: August 2025



## Appendix

### Roles and Responsibilities of the Trade Examining Board

TEB consists of employers, employees and a SATCC representative who chairs the TEB meetings.

Individual TEB member duties may include:

- Evaluation of trade time (work experience) for individuals applying for certification, or progressing through an apprenticeship program (as required by Training and Assessment or Apprenticeship Services Operations)
- Evaluation of individuals taking practical examinations in those trades which require them.

The TEB determine such things as:

- Eligibility of a candidate to challenge a journeyperson examination
- Determination as to when an apprentice can advance to the next apprenticeship level. This can affect salary ranges and an apprentice's eligibility to attend technical training.

**\*NOTE:** Travel expenses and honoraria are reimbursed in accordance with current Public Service Commission rates. Please be aware that honoraria are considered taxable income.

Revised: October 2025

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

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

EMAIL ADDRESS:	
SOCIAL INSURANCE #:	

## Page 2 – 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](mailto:atc.boardreply@gov.sk.ca)

Revised: January 2026



# Direct Deposit Payment Request Form

Ministry of Finance  
Provincial Comptroller's Office  
Financial Systems Branch  
700 - 2350 Albert Street  
REGINA SK S4P 4A6

## Check one only

☐ To Start Direct Deposit

☐ To Change Information on Direct Deposit

Supplier Name \_\_\_\_\_ Supplier No. \_\_\_\_\_

Mailing Address \_\_\_\_\_

Postal Code \_\_\_\_\_ Email \_\_\_\_\_

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
<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>

\_\_\_\_\_  
Name and Address of Financial Institution

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

**For  
Office  
Use  
Only**

Supplier # \_\_\_\_\_ Supplier Site \_\_\_\_\_

Supplier Contact \_\_\_\_\_ Phone No. \_\_\_\_\_

Ministry Contact \_\_\_\_\_ Ministry \_\_\_\_\_

Authorized Signature \_\_\_\_\_

By signing the above, I have confirmed that the ministry has verified the supplier phone number and phoned the supplier to verify the request

# Direct Deposit - Client Instructions

Direct deposit provides the fastest, easiest, safest and most reliable way to receive your business' payment. When you use direct deposit, funding goes directly to your business bank account. This ensures you receive payment on time and helps prevent cheque loss, theft or misplacement.

Please read the following instructions:

- Make sure you have checked only one of the following options at the top of the Direct Deposit Payment Request form:
  - To start direct deposit: if this is your first-time application or you need to confirm banking information, complete all sections on the form that apply and sign.
  - To change information on direct deposit: if you need to change banking or other information, such as address information, complete all sections on the form that apply and sign.
  - If you would like to request to cancel direct deposit or to add an email address for remittance purposes, these requests may be sent to [mhd@gov.sk.ca](mailto:mhd@gov.sk.ca) or to your Government of Saskatchewan program contact.
- The name, address and other information on this form must match your Government of Saskatchewan supplier record. This form cannot be used to update your address.
- By providing an email address, the payment advice for any funding provided by the Government of Saskatchewan through direct deposit will be delivered to that email address.
- Attach a current void cheque that includes your personal or business name, address and information on your account (bank, branch/transit number and account information). If you don't have a cheque, you can download a direct deposit request or void cheque from your business banking account online or request one from your branch.
  - If you are having trouble finding this feature, contact your bank for assistance. The void cheque must have name (business or individual), address and pre-printed numbers indicating the bank, branch/transit and account numbers.
- In the event that you are unable to provide a void cheque, you may have an official from your financial institution complete section 2B of the form. The official must sign and stamp the form for it to be accepted by the Ministry of Finance.
- If your supplier name and bank account owner name do not match, you may be asked to provide further detail.
- Ensure you review the authorization section carefully and understand your responsibilities. Ensure your legal authorized representative signs and dates the direct deposit authorization. If using an electronic signature, it must be digitally certified or include an audit trail identifying the form was signed and completed by the named individual.
- When completed, return this form and any supporting documentation to the ministry program that issues your payments. Follow the instructions provided by the ministry contact or check the ministry program's website for information.