

Trade Board Consent Form

Trade Name: _____

To support open and transparent communication within the apprenticeship sector, the SATCC may share information regarding Trade Board meeting dates, membership, and activities with third parties. In order to do so, we require your informed consent to release your name and contact information. This may include publishing your name and contact details on the SATCC website.

Additionally, your Social Insurance Number is required for the issuance of T4 receipts related to honorarium payments and employment insurance deductions.

Please complete all fields below. Only the information you authorize for release by selecting the appropriate boxes on the following page will be shared.

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

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

EMAIL ADDRESS:	
SOCIAL INSURANCE #:	

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Please indicate the mailing address where you would like your expense reimbursements to be sent:

- ☐ 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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The Commission may release or publish your contact information along with your name. Please select one of the following options by checking the box beside the address you authorize for 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)

Revised: January 2026