



**Saskatchewan
Apprenticeship and
Trade Certification
Commission**

2140 Hamilton Street
Regina, Saskatchewan
S4P 2E3
Tel (306) 787-2444
Toll Free – 1-877-363-0536
Fax (306) 787-5105

Form 9 Internationally Trained Workers Assessment Form

Instructions: Please enclose the following:

1. A cheque or money order payable to the Saskatchewan Apprenticeship and Trade Certification Commission or SATCC. If paying by credit card please complete the section Method of Payment. The application fee is not refundable.
2. There is a \$10.00 charge for NSF cheques. Do not send cash in the mail. Post-dated cheques will not be accepted.

TRADE: _____

International Applicant Data

Social Insurance Number: _____ Birth Date (DD/MM/YY): _____
 Last Name: _____ Gender: Male _____ Female _____
 Given Names: _____
 Address: _____
 City/Town: _____
 Telephone Residence: _____ Postal Code: _____
 Telephone Business: _____ Email Address: _____

Individuals deemed eligible to attempt the Interprovincial Examination will be required to submit a Form 2 – Application for Examination and pay an additional \$100.00 examination fee. (This fee will cover the first attempt at the written and if applicable practical exam)

FEES: Please indicate by checking one of the boxes below:

Compulsory Trades - \$380.00 (Attach translated credentials, transcripts & Form 6A) Account 426910

- Electrician, Plumber, Refrigeration Mechanic or Sheet Metal Worker

Hairstylist Trade - \$380.00 (Attach Form 6A for each place of employment) Account 426910

All Other Trades - \$380.00 (Attach Form 6A for each place of employment) Account 426910

Completion of this area is mandatory. (To be completed by the International Applicant)

Consent to Disclose Information: My signature below authorizes the Saskatchewan Apprenticeship and Trade Certification Commission (the "SATCC") to collect, use and disclose personal information about me, including pertaining to my participation in apprenticeship / certification programs, including for the following purposes: (i) for the administration of the SATCC's programs, including the sharing of information with any employer or institution providing me with apprenticeship or certification training, and (ii) for the purposes of providing verification of my certification, determining my eligibility for apprenticeship and certification programs in other jurisdictions, assisting in inter-provincial labour mobility, program planning and market research.

_____ Date

_____ Signature

The following information is voluntary.

Aboriginal Ancestry: Please check the appropriate category:

Treaty/Registered Indian
Metis

Non-Status Indian
Inuit

Disability: Is a persistent and severe disability which limits employment activities.

Do you consider yourself to have a disability?

Yes No

Visible Minority: For the purpose of equity programs, visible minority persons are "persons, other than Aboriginal 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

Method of Payment			For Office Use Only	
Master Card	Visa	Cash/Debit/Money Order		
Cheque				
Complete Credit Card Information		Amount: _____		
Card Number: _____				
Card Holder: _____				
(Please Print)			Eligible For: _____	
Expiry Date: _____	Signature: _____		Expiry Date: _____	
(MM/YY)			Approved By: _____	