



Saskatchewan  
Apprenticeship and  
Trade Certification  
Commission

## INSTRUCTIONS FOR REGISTERING AN APPRENTICE INTO AN APPRENTICESHIP PROGRAM

**Complete and return the following:**

1. Form 1: *Employer Application for Registration of Apprenticeship Contract*
2. Form A: *Contract Between Apprentice and Employer*
3. Form 6A from each employer: *Verification of Trade Experience*
4. A copy of your high school transcript.
5. A copy of your transcript from previous training in a trade (apprenticeship or pre-employment) to receive credit
6. Pay \$150.00 by credit card, debit, cheque or money order made payable to the SATCC.
  - There will be a \$10.00 charge for NSF cheques
  - The application fee is non-refundable
  - Post-dated cheques will not be accepted

\*\*\*If the apprentice completed the Saskatchewan Youth Apprenticeship Program, the \$150.00 Employer Registration Fee is waived. Please indicate SYA participation on application.

**[www.saskapprenticeship.ca](http://www.saskapprenticeship.ca)**



**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 1 Employer Application For Registration of Apprenticeship Contract

**Instructions:** Please enclose the following:

**Participated in the Saskatchewan Youth Apprenticeship Program** Yes (NO FEE REQUIRED)

1. A completed Apprenticeship Contract. (Form A or Form B)
2. Official transcript from high school.
3. **A cheque or money order for \$150.00 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 non-refundable.
4. There will be a \$10.00 charge for NSF cheques. Do not send cash in the mail. Post-dated cheques will not be accepted.
5. Attach Form 6A for each place of employment.

**TRADE:** \_\_\_\_\_

**Employer Data**

Employer: \_\_\_\_\_

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

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Apprentice 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: \_\_\_\_\_

**Completion of this area is mandatory.**

**Consent to Disclose Information:** My signature below authorizes the Saskatchewan Apprenticeship and Trade Certification Commission to disclose information respecting my participation in the apprenticeship and/or certification program for the purposes of providing verification of my certification; determining my eligibility for apprenticeship and certification programs in other jurisdictions; assisting inter-provincial labour mobility; program planning and labour market research.

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

**Education and Training Data**

	Name of Institution	Location	Highest Grade/Diploma	Completion Date
High School				
Vocational				

**If you would like to receive credit for previous apprenticeship or pre-employment training, please attach transcripts.**

**Placement Examination Requested**

**The following information is voluntary.**

**Aboriginal Ancestry:** Please check the appropriate category:

Treaty/Registered Indian Non-Status Indian Metis Inuit

**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

**Disability:** Is a persistent and severe disability which limits employment activities. Do you consider yourself to have a disability?

Yes No

Method of Payment	For Office Use Only Code: 426904
<p>Master Card Visa Cash/Debit/Money Order American Express Cheque</p> <p>Complete Credit Card Information Amount: _____</p> <p>Card Number: _____</p> <p>Card Holder: _____ (Please Print)</p> <p>Expiry Date: _____ Signature: _____ (MM/YY)</p>	