



**Instructions:** Please enclose a cheque or money order for \$100.00 for a written exam and \$160.00 for a practical exam made payable to the Saskatchewan Apprenticeship and Trade Certification Commission or SATCC or complete credit card information below. The application fee is non-refundable. There will be a \$10.00 charge for NSF cheques. Do not send cash in the mail. Post-dated cheques will not be accepted.

**I Hereby Request Examination in:**

Agricultural Machinery Technician	Industrial Instrument Technician	Powerline Technician
Automotive Service Technician	Industrial Mechanic (Millwright)	Processor
Boilermaker	Insulator	Refrigeration Mechanic
Boom Truck Operator "A"	Ironworker Reinforcing Rebar	Rig Technician – Motorhand (Level 1)
Boom Truck Operator "B"	Ironworker Structural	Rig Technician – Derrickhand (Level 2)
Bricklayer	Lattice Boom Crane Operator	Rig Technician - Driller (Level 3)
Cabinetmaker	Locksmith	Roofer
Carpenter	Machinist*	Scaffolder
Construction Craft Labourer	Meat Cutter	Semiautomatic Welding Production Operator*
Cook	Motor Vehicle Body Refinisher	Sheet Metal Worker
Crane and Hoist Operator	Motor Vehicle Body Repairer*	Slaughterer
Drywall and Acoustical Mechanic	Painter and Decorator	Sprinkler Systems Installer
Electrician	Partsperson	Steamfitter-Pipefitter
Electronics Assembler*	Petroleum Installer Technician	Petroleum Installer Subtrade
Esthetician-Nail Technician*	Pipeline Equipment Operator	Steel Fabricator
Esthetician-Skin Care Technician*	Dozer	Tilesetter
Framer	Excavator	Tower Crane Operator
Gasfitter – Domestic	Grader	Truck and Transport Mechanic
Gasfitter – General	Side Boom	Water Well Driller
Gasfitter - Propane	Plumber	Welder*
Glassworker	Pork Production Technician	
Hairstylist*	Breeder	
Heavy Duty Equipment Mechanic	Farrowing	
Hoist Operator	Facilities Maintenance	
Horticulture Technician	Grower-Finisher	
Hydraulic Crane Operator	Nursery Management	

(\* Both a written and practical examination is required)

**Type of Examination:**

Written	Practical	Placement Level	Exam (for Apprentices only)
<b>Have you taken a Saskatchewan Examination Previously?</b> Yes No			

**Desired Examination Location:**

Estevan	Moose Jaw	Regina	Lloydminster	Swift Current
LaRonge	North Battleford	Saskatoon	Prince Albert	Yorkton

Date of Examination: \_\_\_\_\_  
 (See examination schedule for list of locations and dates)

**Please note that all exam applications must be in our offices by the 1<sup>st</sup> of the month prior to the month of the desired date and location. ie: request for February examination to be delivered or postmarked on or before January 1. Refer to the current exam schedule for list of dates and locations.**

**Personal Data:**

Gender: Female Male

Social Insurance Number \_\_\_\_\_ Birth Date (DD/MM/YY) \_\_\_\_\_

Last Name (Please Print) \_\_\_\_\_ Given Names \_\_\_\_\_

Address \_\_\_\_\_ City/Town and Postal Code \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone Number (Residence) \_\_\_\_\_ Telephone Number (Business) \_\_\_\_\_

**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 \_\_\_\_\_

**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**

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