



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

Form 3  
Application for  
Certificate

**Instructions:** Please enclose a cheque or money order 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. No post-dated cheques accepted.

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

**Personal Data:**

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

Last Name: \_\_\_\_\_Gender: Male ☐Female ☐

Given Names: \_\_\_\_\_Telephone (Home): \_\_\_\_\_

Address: \_\_\_\_\_Telephone (Work): \_\_\_\_\_

City/Town: \_\_\_\_\_Postal Code: \_\_\_\_\_

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

**Completion of this area is mandatory. (To be complete by the APPRENTICE)**

**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

**Type of Certificate:**

- ☐ **Journeyperson Certificate of Qualification**
  - If you are a completing Apprentice, attach Form 6A Verification of Trade Experience Letters, confirming additional experience. **NO FEE REQUIRED**
- ☐ **Learner’s Certificate (Hairstylist) - \$60.00    Account 426905**
  - Attach photocopies of transcripts and completion certificate from an approved training program and a copy of your high school transcripts.
- ☐ **Special Permit (Hairstylist) – \$250.00    Account 485100**
  - Attach Form 6A Verification of Trade Experience Letter, indicating that you commenced work in the Barber-Stylist or Cosmetologist trade prior to September 2, 1986.

**The following information is voluntary.**

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

☐ Treaty/Registered Indian☐ Non-Status Indian

☐ Metis☐ 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	
<div><input type="checkbox"/> Master Card<input type="checkbox"/> Visa<input type="checkbox"/> Debit/Money Order</div> <div><input type="checkbox"/> Cheque</div> <div><b>Complete Credit Card Information    Amount:</b> _____</div> <div><b>Card Number:</b> _____</div> <div><b>Card Holder:</b> _____ (Please Print)</div> <div><b>Expiry Date:</b> _____<b>Signature:</b> _____ (MM/YY)</div>			
		Eligible For:	
		Expiry Date:	
		Approved By:	