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Fax (306) 787-5105

Form 9  
Internationally Trained  
Workers Assessment Form

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. Post-dated cheques will not be accepted.
- 3. Any Documentation that is requested as listed below.

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: \_\_\_\_\_

Please indicate by checking one of the boxes below:

**\*\*All documents must be translated to English\*\***

- ☐ **Compulsory Trades - \$380.00 (Electrician, Plumber, Refrigeration Mechanic or Sheet Metal Worker)**
  - Attach Credentials, Transcripts and Form 6A for each place of employment
- ☐ **Hairstylist Trade - \$380.00**
  - Attach Credentials, Transcripts and Form 6A for each place of employment
- ☐ **All Other Trades - \$380.00**
  - Attach Form 6A for each place of employment

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)

**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

☐ 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 - Account 426910	
<div><input type="checkbox"/> Master Card</div> <div><input type="checkbox"/> Visa</div> <div><input type="checkbox"/> Debit/Money Order</div> <div><input type="checkbox"/> Cheque</div> <div>Complete Credit Card Information</div> <div>Card Number: _____</div> <div>Card Holder: _____</div> <div>(Please Print)</div> <div>Expiry Date: _____ Signature: _____</div> <div>(MM/YY)</div>		
	Eligible For:	
	Expiry Date:	
	Approved By:	