

Application form: Duplicate Trade Certificate

For assistance in completing this form call the South Australian Skills Commission on 1800 673 097

Complete and submit this form to request a duplicate copy of a Trade Certificate issued for an apprenticeship completed in South Australia. A duplicate Trade Certificate can only be issued to the former apprentice named on the Training Contract.

Trade Certificates were not issued prior to 1967, and as such a duplicate cannot be issued in such circumstances. An extract of records may be available instead.

- ! Required fields are indicated with a red asterisk on the right hand side: *
- ! You must attach a Statutory Declaration outlining the reason for requesting a duplicate Trade Certificate. The Statutory Declaration can be downloaded from [Service SA](#).

1. Applicant details

First name(s): *	
Last name(s): *	
Phone no:	Mobile no:
Date of Birth (DD/MM/YY): <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> *	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female *

2. Training Contract details

- i Complete this section with information that was correct as at when your apprenticeship was completed.

Employer trading name: *
Your full name (if different to the above): *
Training Contract number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> \ <input type="text"/> *
Were you the trainee/apprentice associated with the Training Contract? <input type="checkbox"/> Yes <input type="checkbox"/> No *
Trade name (eg Hairdresser, Carpenter): *
Training Contract commencement date (DD/MM/YY): <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> *

3. Postal address to send duplicate Trade Certificate to

Name: *	
Address:	Postcode: *
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

- See page 2 of this form for the required signature.

4. Signature

Apprentice signature	*
Signature date (DD/MM/YY):	[][] / [][] / [][] *

You are advised to retain a copy of this form for your records.

Please submit all pages of this form to:

Post: **South Australian Skills Commission**
GPO Box 1152, Adelaide SA 5001

Email: sasc.tasforms@sa.gov.au

For assistance or more information:

Call the South Australian Skills Commission on
1800 673 097

Visit skillscommission.sa.gov.au/apprentices