

Application form:
Duplicate Trade Certificate



Government of South Australia
Department for Industry and Skills

For assistance in completing this form call the Traineeship and Apprenticeship Information Service 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. This form can be obtained from [www.sa.gov.au/ data/assets/pdf file/0011/11432/MR28.pdf](http://www.sa.gov.au/data/assets/pdf_file/0011/11432/MR28.pdf)

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"/> <input type="text"/> *	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female *

2. Training Contract details

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"/> \ <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"/> <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):		<div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> / <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> / <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	*

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

Please submit all pages of this form to:

Post: **Regulation and Contract Management**
GPO Box 320, Adelaide SA 5001

Fax: 08 8463 5654

Email: dis.tamfax@sa.gov.au

For assistance or more information:

Phone: 1800 673 097

Website: www.skills.sa.gov.au/apprentices