





Application form:  
**Duplicate Trade Certificate**

For assistance in completing this form call the Skills Infoline 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](#) Please use form 'MR28'.

**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:	*
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):	[ ][ ] / [ ][ ] / [ ][ ] *

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

**Please submit all pages of this form to:**

Post: **Traineeship and Apprenticeship Services**  
GPO Box 1152, Adelaide SA 5001

Email: [education.tasforms@sa.gov.au](mailto:education.tasforms@sa.gov.au)

**For assistance or more information:**

Phone: 1800 673 097

Website: [www.skills.sa.gov.au/apprentices](http://www.skills.sa.gov.au/apprentices)