



**Government of Saskatchewan  
Immigration Branch**

**SASKATCHEWAN IMMIGRANT NOMINEE PROGRAM (SINP)  
CONFIRMATION OF JOB KNOWLEDGE AND SKILLS**

I, \_\_\_\_\_ of \_\_\_\_\_,  
*(Name)* *(Company Name)*  
\_\_\_\_\_  
*(Address including City, Province)* *(Telephone)*

**ATTEST THAT:**

- 1. I believe that \_\_\_\_\_ has the skills  
*(Applicant's Name)*  
and experience required to perform the duties of \_\_\_\_\_.  
*(Occupation)*
- 2. I have assessed the applicant's knowledge/skills to those required to be eligible for trade certification in the following manner (e.g. interview, review of competencies used in previous jobs, testing, or other means):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Knowledge/Skill Require and Assessed:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_
- 9. \_\_\_\_\_
- 10. \_\_\_\_\_

\_\_\_\_\_  
*Signature of Authorized Person Making Affidavit* *Date*

\_\_\_\_\_  
*Witness* *Date*