



**Government of Saskatchewan
Immigration Branch**

SASKATCHEWAN IMMIGRANT NOMINEE PROGRAM (SINP)

AFFIDAVIT 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