



Attach your resume, providing full details of your education, related work experience, etc

***You must include the completed form, Verification of Services for Training***

***You must include a certified copy of the resolution to hire for both Administrator and Verification of Services***

Do you currently meet the education requirements for a Standard Certificate?	
If not, are you currently enrolled in a course of studies to meet these requirements? Please provide details	
• If not, are you prepared to enroll in a course of studies to meet these requirements?	

How many hours per week is your office open to the general public?	
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Did you enclose your application fee (\$275.00)? <b>NON-REFUNDABLE</b> ➤ Please make cheque payable to UMAAS	
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**Notice to the Council:**  
Council should refer to Section 110 of *The Municipalities Act*. In summary:

1. Where the community's population is 100 or more, the Clerk must hold a valid certificate of membership and qualification issued pursuant to *The Urban Municipal Administrators Act*
2. Where the Board of Examiners is satisfied the Council has taken reasonable steps to obtain the services of a person meeting the above qualification, the Board may issue a permit (Conditional Certificate) authorizing the retention of a person who does not meet the above qualification.
3. Actions, undertaken by a clerk or acting clerk in a municipality which is in contravention of these Acts, are invalid.

**I certify the above statements to be true in all respects**

Signature (Applicant)	
Signature (Mayor)	
PLEASE PRINT Mayor's Name: <b>Home Mailing Address:</b>	
Date	

Please mail Application Form and **all attachments** to:  
Joyce L. Aitken, Secretary  
Urban Board of Examiners  
Box 16  
Eyebrow, Sk. S0H 1L0

**VERIFICATION OF SERVICES FOR TRAINING  
CONDITIONAL APPLICATION (OR EXTENSION)**

**This form must accompany the Conditional Certification Application  
Or Extension Application if Applicant is still accruing hours**

A person meeting the following minimum qualifications may be considered for Mentor/Supervisor:

- ◆ holder of an Advanced Certificate – Level 1, or equivalent; or
- ◆ holder of a Standard Certificate or equivalent for a period of not less than 5 years
- ◆ holder of a Rural “A” Certificate or equivalent for a period of not less than 5 years

Name Of Applicant	
Address/phone/fax	
Position	
Municipality	

Name of Supervisor/Mentor	
Address/phone/fax	
Position/Municipality	
Certificate held, date & no.	
Signature	Date

**Must include certified copy of resolution to hire/contract for Supervisor/mentor**

<b>I certify the above statements to be true in all respects</b>	
Signature Of Mayor	
Signature Of Applicant	Name Printed
Date	

Please mail Application Form and all attachments to:

Joyce L Aitken , Secretary  
Urban Board of Examiners  
Box 16  
Eyebrow, Sk. S0H 1L0  
Phone : (306) 796-7633