

APPLICATION FOR OFFICE INSPECTION
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Name of Administrator	
Type of Certificate	
Certificate No. & Date	

Include a copy of your current Certificate.

Name of Municipality	
Address	
Phone/email	

Name of Mentor	
Mentor Contact Information	

Have you included your \$500.00 non-refundable fee payable to UMAAS? Applicant is responsible for all travel expenses such as mileage, meals and all related travel expenses. Applicant will be invoiced accordingly for travel expenses. Please note that travel expenses must be paid prior to the Board making their final decision.

I certify the above statements to be true in all respects

Signature (Administrator)	
Date	

I certify the above statements to be true in all respects

Signature (Mayor)	
Date	

Please e-mail*/mail application form and **all attachments** to:

Brad Hvidston
Secretary Board of Examiners
PO BOX 303
LEMBERG SK S0A 2B0
Phone: 306-873-0093
Email: urbanboardofexaminers@gmail.com **e-mailed copies do not require originals to be mailed*