

<h2 style="margin: 0;">VERIFICATION OF SERVICES FOR TRAINING CONDITIONAL APPLICATION (OR EXTENSION)</h2>
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**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 Rural “A” Certificate or equivalent for a period of not less than 5 years.

Name of Applicant	
Address phone / fax / email	
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.**

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

Please mail Application Form and **all attachments** to:  
 Brad Hvidston, Secretary  
 Board of Examiners  
 Box 3104  
 Tisdale, SK.  
 S0E 1T0  
 Phone: 306-873-2735