

**APPLICATION FOR PERMIT
ACTING ADMINISTRATOR**

Municipality			
Mailing Address	City/Town/Village/RV	Province	Postal Code
Phone Number	Email		

Name of Person Hired	
Position	Acting Administrator

When is/was the Acting Administrator's first day of work?	
Has the Acting Administrator submitted an application for a Conditional Certificate?	
NON-REFUNDABLE Application fee enclosed/paid of \$100 Cheque made payable to UMAAS E-transfers can be sent to: urbanmaas@gmail.com ensure message includes application type and name Visa/Mastercard payments are not accepted	

Please advise why the permit is being requested at this time:

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