

**APPLICATION FOR PERMIT  
ACTING ADMINISTRATOR**

Name of Municipality	
Address	
phone / fax / 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?	

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

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

Signature (Mayor)	
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