

<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 a Rural “A” Certificate or equivalent for a period of not less than 5 years

Name Of Applicant	
Address/phone	
Position	
Municipality	

Name of Supervisor/Mentor	
Address/phone/email	
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 e-mail*/mail application form and **all attachments** to:

Brad Hvidston, Secretary Board of Examiners
 PO BOX 303
 LEMBERG SK S0A 2B0
 Phone: 306-873-2735
 Email: urbanboardofexaminers@gmail.com **e-mailed copies do not require originals to be sent*