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| <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

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|-------------------|--|
| 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

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|--|--------------|
| 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*