

APPLICATION
COMMISSIONER OF THE
SUPREME COURT OF NOVA SCOTIA
 (COMMISSIONER OF OATHS)

PLEASE PRINT

<i>For office use only:</i>	
File:	_____
Name:	_____
County:	_____
OID:	_____
Cheque:	_____

Name: _____ **Date of Birth:** _____

Employer: _____

Type of Company

- | | | |
|---|--|--|
| <input type="checkbox"/> Law Firm | <input type="checkbox"/> Provincial Government | <input type="checkbox"/> Federal Government |
| <input type="checkbox"/> Municipal Government | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> Other (specify) _____ |

Business Address:

Number Street City/Town County Postal Code

PO Box City/Town County Postal Code

Phone _____

Fax _____

Home Address:

Number Street City/Town County Postal Code

Phone _____

Fax _____

References: (Please attach two original letters)

(1) _____

(2) _____

Fee = \$132.70 for 5 year term
 Enclosed Not applicable
 (Please make cheques payable to: *Minister of Finance*)

STATEMENT: Please explain how this appointment will fulfill a public need: (Attach additional pages if required.)

If appointed, I agree to abide by the Guidelines for the Appointment of Commissioners of Oaths, including providing service to the public, and providing notification within thirty (30) days of any change of address, name, etcetera.

Signed: _____

CONSENT OF CRIMINAL RECORD SEARCH

I understand that, as a condition of my application as a Commissioner for Taking Affidavits for Nova Scotia, I must disclose whether or not I have a criminal record or have been charged under any Federal, Provincial or Municipal enactment. (If yes, please state date, offence and disposition.)

I authorize the R.C.M.P., or any municipal police department in the Province of Nova Scotia, to inquire into and determine whether or not I have a criminal record, and to make a full and complete disclosure of their findings to the Ministry of Justice.

Signature _____

Date _____

Please return to: Notarial and Commissioner of Oaths Administrator, Justice, PO Box 7, Halifax, NS B3J 1T0
All questions must be completed and documentation provided in order for application to be processed.

_____ Date

_____ Signature

For office use only:		
Date Appointed: _____	Expiry Date: _____	Rejected: _____