



RURAL BOARD OF EXAMINERS

Province of Saskatchewan



P.O. Box 130
Wilcox, Saskatchewan
S0G 5E0

Phone: (306) 732-2030
Fax: (306) 732-4495
Email: rural.board.exam@sasktel.net

Application Date _____

APPLICATION FOR PERMIT RE: ACTING ADMINISTRATOR (Section 110 (5) - *The Municipalities Act*)

1. Name of Municipality making application for permit:
Rural Municipality of _____ No. _____

2. Please provide details of the steps taken to fill this position with a fully qualified individual:

3. If the vacancy was not advertised, please indicate why no advertising was undertaken:

4. For what period of time is the permit being requested:

5. Give full details of the individual you will employ under the permit if issued:

Name _____

Educational Qualifications: _____

Related Work Experience:

Other information: _____



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6. If the person noted in Item #5 does not possess a certificate in Local Government Authority, are they prepared to enroll in the course? _____
7. Name of previous administrator: _____
8. Reason for leaving: _____
9. Please list the names and other relevant details of all applications for this position who were not accepted by council:

Name of Applicant	Mun. Cert. Held	Mun. Work Experience	Reason for Non-Acceptance	Applicant Interviewed?

10. Permit Applicant's Name and Complete Mailing Address:

E-Mail Address: _____

11. Name of the person that Council has hired to oversee/train the permit holder:

12. The person hired to oversee/train the permit holder **must** hold an Advanced Rural Certificate. The overseer/trainer in #10 above holds a (PLEASE CIRCLE ONE):
 - Rural A Certificate
 - Rural Superior A Certificate

This application, submitted on behalf of the council of the R. M. of _____
 No. _____, was approved by resolution of council passed on the _____ day of _____, 20____

Note: A certified copy of the resolution of council must be attached

 Reeve (Signature)