

RURAL BOARD OF EXAMINERS

Province of Saskatchewan

PO Box 488, Rosetown, SK S0L 2V0 Phone: (306) 882-2314 • Fax: (306) 882-3287 Email: rural.board.exam@sasktel.net



APPLICATION FOR A RURAL CLASS SUPERIOR "A" CERTIFICATE OF QUALIFICATION

Name of Applicant:							
Address:							
Presently Employed at:(Name of Municipality)							
Phone No.:	(Work)	(Res.) Fax N	lo.:				
E-Mail Address:							
Particulars of Education: (Certificates, Diplomas, Degree Please indicate if you hold a F		ndicate date obtained) tificate, the number and date of tl	ne Certificate				
1							
2							
3							
Particulars of Municipal Em							
(Give position held and exact	dates of commenc	ement and termination of office)					
<u>Municipality</u>	<u>Position</u>	Date of Commencement	Date of Termination				
1							
2							
3							
Particulars of Employment(Give position held and exactEmployerPosition	dates of commenc <u>Date of Cor</u>	mmencement Date of	Termination				
1							
2							
3							

RMAA

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S	Supplementary Information			
1) Have you previously app	plied for a Rural Clas	s Superior "	A" Certificate?
	Yes: Date		No	
2)	Have you ever been refused	l or had difficulty obta	aining a fide	lity bond?
	Yes:Pl	ease comment below	v No	
3)	Do you maintain all records	required?		
	Yes		No	Please comment below.
4)	Do you prepare a monthly s	tatement of receipts a	and paymer	its for council?
	Yes		No	Please comment below.
5)	Do you prepare the annual f	inancial statements b	pefore the re	ecords are audited?
	Yes		No	Please comment below.
6)	Do you complete all journal	entries at year end?		
	Yes	-	No	Please comment below.
7)	Do you prepare an agenda f	or each council mee	ting?	
	Yes	-	No	Please comment below.
8)	Do you draft all municipal by	/laws?		
	Yes	_	No	Please comment below.
9)	Do you carry out tax enforce	ement procedures for	the municip	pality?
	Yes		No	Please comment below.
10)	Is an assistant employed in	your office?		
	Yes	-	No	
11)	Your Auditor for Last Year:	Name		
		Firm		
		Address		
		Phone (306	i)	
12)	Have you had your Rural "A' are applying from for at least	' certificate for five ye	ears, and wo	orked as the administrator within the office you
	Yes		No	
Comr	ments:			
Date [.]		Signature:		
	se include:			
) 00 navahla ta Th		inicipal Administrators Accosistion
(1) (2)	Documentation to verify			unicipal Administrators Association

- (3) Obtain Proof of Professional Development Compliance from RMAA Executive Director
- (4) Ensure Council Members Address Listing is completed and attached Forward to: Secretary, Rural Board of Examiners, at above address.



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COUNCIL ADDRESS LISTING

Rural Municipality of			No				
Position:	Name:	Address:	Town:	Post Cd			
Reeve							
Councillor Divis	sion 1						
Councillor Divis	sion 2						
Councillor Divis	sion 3						
Councillor Divis	sion 4						
Councillor Divis	sion 5						
Councillor Divis	sion 6						
Councillor Divis (If Applicable)	sion 7						
Councillor Divis (If Applicable)	sion 8						
Councillor Divi (If Applicable)	sion 9						
Councillor Divis (If Applicable)	sion 10						

PLEASE RETURN THIS FORM WITH YOUR 'A' OR 'SUPERIOR A' APPLICATION TO THE ABOVE ADDRESS.