



# 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 "A" CERTIFICATE OF QUALIFICATION

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Presently Employed at: \_\_\_\_\_  
(Name of Municipality)

Phone No.: \_\_\_\_\_(Work) \_\_\_\_\_(Res.) Fax No.: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### **Particulars of Education:**

(Certificates, Diplomas, Degrees, Other; please indicate date obtained)

Please indicate if you hold a Rural or Uniform Class "C" Certificate, the number and date of the Certificate

\_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

### **Particulars of Municipal Employment Experience:**

(Give position held and exact dates of commencement and termination of office)

<u>Municipality</u>	<u>Position</u>	<u>Date of Commencement</u>	<u>Date of Termination</u>
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

### **Particulars of Employment Experience:**

(Give position held and exact dates of commencement and termination)

<u>Employer</u>	<u>Position</u>	<u>Date of Commencement</u>	<u>Date of Termination</u>
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Please complete both sides of this application form.



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## Supplementary Information

- 1) Have you previously applied for a Rural Class "A" Certificate?  
Yes: Date \_\_\_\_\_ No \_\_\_\_\_
- 2) Have you ever been refused or had difficulty obtaining a fidelity bond?  
Yes: \_\_\_\_\_ Please comment below No \_\_\_\_\_
- 3) Do you maintain all records required?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Please comment below.
- 4) Do you prepare a monthly statement of receipts and payments for council?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Please comment below.
- 5) Do you prepare the annual financial statements before the records 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 for each council meeting?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Please comment below.
- 8) Do you draft all municipal bylaws?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Please comment below.
- 9) Do you carry out tax enforcement procedures for the municipality?  
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) \_\_\_\_\_
- 12) Have you had your Rural "C" certificate for at least two years, and worked as the administrator within the office you are applying from for at least two consecutive years?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Comments:

Date:

Signature:

### Please include:

- (1) The required fee of \$700.00 payable to Rural Municipal Administrators' Association
- (2) Documentation to verify education.
- (3) Ensure Council Members Address Listing is completed and attached.  
Forward to: Secretary, Rural of Examiners, at above address.
- (4) Obtain & attach Proof of Professional Development Compliance from RMAA Executive Director.



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## COUNCIL ADDRESS LISTING

Rural Municipality of \_\_\_\_\_ No. \_\_\_\_\_

Position:	Name:	Address:	Town:	Post Cd
Reeve				

Councillor Division 1

Councillor Division 2

Councillor Division 3

Councillor Division 4

Councillor Division 5

Councillor Division 6

Councillor Division 7  
(If Applicable)

Councillor Division 8  
(If Applicable)

Councillor Division 9  
(If Applicable)

Councillor Division 10  
(If Applicable)

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