



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 No.: _____

E-Mail Address: _____

Particulars of Education:

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

Please indicate if you hold a Rural Class "A" 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>
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>
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 "Superior 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 "A" certificate for five years, and worked as the administrator within the office you are applying from for at least three consecutive years?
Yes _____ No _____

Comments:

Date: _____ Signature: _____

Please include:

- (1) The required fee of \$700.00 payable to The Rural Municipal Administrators Association
- (2) Documentation to verify education.
- (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 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.