



# RURAL BOARD OF EXAMINERS

Province of Saskatchewan

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



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

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

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

Phone No.: \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell)

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

### **Particulars of Education:**

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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

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

	<u>Employer</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.	_____	_____	_____	_____

### **Provide:**

Rural Class "C" Certificate No. \_\_\_\_\_ and date of the Certificate \_\_\_\_\_

Have you had your Rural "C" Certificate for two years, and worked as the administrator within the office you are applying from for at least two calendar years?

Yes:  No:

**Please complete both pages of this application form.**

**Forward to: Secretary of the Rural Board of Examiners**  
**rural.board.exam@sasktel.net**  
(if mailing application please e-mail for current mailing address)



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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	_____
Email	_____

### Comments:

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### Include:

1. Application fee of \$700.00 cheque payable to RMAA, or E-transfer to rmaa@sasktel.net.
2. Documentation to verify education.
3. Obtain proof of professional development compliance from RMAA Executive Director (PD hrs.)
4. Ensure Council Members Address Listing is completed and attached.

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### COUNCIL ADDRESS LISTING

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

Position:	Name:	Mailing Address:	Phone No.
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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)

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