



# 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 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>
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 pages 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 two years, and worked as the administrator within the office you are applying from for at least two calendar 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.