

APPLICATION FORM – COMMISSIONER FOR OATHS
GOVERNMENT EMPLOYEES

Date of Application: _____ New Renewal

Name of Applicant: _____

Home Address: _____ Town/City: _____

Prov.: _____ Postal Code: _____

Occupation: _____

Employer/Department: _____

Employer's full mailing address: _____

Phone Nos.: _____ (home) _____ (business)

(Nos. 1 & 2 – New Applicants Only)

1. Briefly explain purpose for which appointment is being sought:

2. List the names and addresses of two people to be used as references:

(i.) _____

(ii.) _____

3. Renewal Applicants only – Certificate no.: _____ Expiry Date: _____

4. Return completed application to: Deputy Minister
Department of Justice
P.O. Box 8700
St. John's, NL A1B 4J6
FAX: 729-2129

5. No fee for Provincial Government employees.

PROCESSING TIME – PLEASE ALLOW 30 DAYS FROM DATE OF RECEIPT AT THE DEPT. OF JUSTICE.

If further clarification is required, please call 729-1174. Thank you.