APPLICATION

COMMISSIONER OF THE SUPREME COURT OF NOVA SCOTIA

(COMMISSIONER OF OATHS)

PLEASE PRINT

For office use only:					
File:					
Name:					
County:					
OID:					
Cheque:					

Name:	ame: Date of Birth:							
Employer:								
Type of Company □ Law Firm			ernment	□ Federal Government				
Business Addres	s:							
	Number	Street	City/Town	County	Postal Code			
	РО Вох	City/Town	Count	у	Postal Code			
	Phone		Fax					
Home Address:								
	Number	Street	City/Town	County	Postal Code			
	Phone		Fax					
References: (Pleas		,						
(2) _				<u> </u>				
Enclosed Not applicable (Please make cheques payable to: Minister of Finance) STATEMENT: Please explain how this appointment will fulfill a public need: (Attach additional pages if required.) If appointed, I agree to abide by the Guidelines for the Appointment of Commissioners of Oaths, including providing service to the public, and providing notification within thirty (30) days of any change of address, name, etcetera. Signed:								
CONSENT OF CRIMINAL RECORD SEARCH								
I understand that, as a condition of my application as a Commissioner for Taking Affidavits for Nova Scotia, I must disclose whether or not I have a criminal record or have been charged under any Federal, Provincial or Municipal enactment. (<i>If yes, please state date, offence and disposition.</i>)								
I authorize the R.C.M.P., or any municipal police department in the Province of Nova Scotia, to inquire into and determine whether or not I have a criminal record, and to make a full and complete disclosure of their findings to the Ministry of Justice.								
Signature			Date					
Please return to: Minister of Justice, PO Box 7, Halifax NS B3J 2L6 All questions must be completed and documentation provided in order for application to be processed.								
Date			Signature					
Date A	ppointed:	For of	fice use only:	Rejected:				
Date A	ppointou.	Expiry D		rtojoutou.				