



# APPLICATION FOR APPOINTMENT AS A COMMISSIONER FOR TAKING AFFIDAVITS FOR BRITISH COLUMBIA UNDER THE EVIDENCE ACT

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Employment and Assistance Act* and the *Employment and Assistance for Persons with Disabilities Act*. The collection, use and disclosure of personal information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. Any questions about this information should be directed to your local Employment and Assistance Office.

### SHADED SECTION IS FOR OFFICE USE ONLY

CCRS	Receipt	Approved	Date (YYYY MM DD)
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Comments

<b>RESTRICTIONS</b>	Standard	BC Hydro	Financial	Bankrupty	Gas
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Mr., Ms., Mrs.	First Name	Middle Name	Last name
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Position

Ministry

Office Address

City/Town	Province	Postal Code	Direct Telephone Number
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Office E-mail Address

Please give a detailed description of why you require the appointment, stating duties involved, documents being signed, etc.

Please list any other Evidence Commissioners or Notaries Public employed at this business address (names, positions appointments and expiry date)



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I understand that my appointment may be:

- 1. a restricted authority under section 56 of the Evidence Act of British Columbia; and
2. subject to a time limitation and, if my appointment is time restricted that I must apply for reappointment.

I have read and understand section 138 of the Criminal Code of Canada:

"Everyone who

- (a) signs a writing that purports to be an affidavit or a statutory declaration and to have been sworn or declared before him when the writing was not so sworn or declared or when he knows that he has no authority to administer the oath or declaration,
(b) uses or offers to use any writing purporting to be an affidavit or statutory declaration that he knows was not sworn or declared, as the case may be, by the affiant or declarant or before a person authorized in that behalf, or
(c) signs as affiant or declarant a writing that purports to be an affidavit or statutory declaration and to have been sworn or declared by him, as the case may be, when the writing was not as sworn or declared,

is guilty of an indictable offense and is liable to imprisonment for two years."

Date (YYYY MM DD)

Witness (full name and address)

Applicant Signature

Witness Signature

VERIFICATION OF EMPLOYER

I, \_\_\_\_\_ hereby verify the information contained in this application and support the application.

DATE SIGNED (YYYY MM DD)

Signature

Position

Submit application to: Order in Council Administration, Ministry of Attorney General, PO Box 9226 Stn Prov Govt, Victoria BC V8W 9J1, Phone: (250) 387-5378, Fax: (250) 387-4349