

Office Use Only

Appointment Number	<input type="text"/>
Effective Date	<input type="text"/>
Type Code	<input type="text"/>
Payment	<input type="text"/>

APPLICATION for Appointment or Renewal as a Commissioner for Taking Affidavits

Appointments may be granted to eligible persons whose employment or volunteer activities involve providing the services of a Commissioner for Taking Affidavits.

Completing and submitting this application does not guarantee that an appointment as a Commissioner for Taking Affidavits will be approved.

Read instructions below before completing this application.

Instructions

- Applicants must complete the application form in its entirety. Please type or print clearly. Incomplete, altered or illegible forms will not be processed.
- After studying the Information and Instruction Guide for Commissioners for Taking Affidavits, applicants must complete the Examination for Commissioners for Taking Affidavits to the satisfaction of the Order in Council Administration Office.
- A cheque or money order for \$50, made payable to the Minister of Finance, must accompany your application. (Do not send cash.) Exceptions to this requirement are listed in section 58 of the *Evidence Act* as follows: "...an officer or employee of the government of British Columbia or Canada, a municipality, a regional district or the trust council, a treaty first nation, the Nisga'a Nation or a Nisga'a Village or a veterans' organization or designated persons or classes of persons."
- Applications may take up to 8 weeks to process. If approved, an appointment order will be mailed to you, which will show the effective and expiry dates of your appointment, as well as any restrictions that may be attached to your appointment.
- Return completed application, examination and payment (if applicable) to:

Order in Council Administration Office
Ministry of Attorney General
PO Box 9280 Stn Prov Govt
Victoria, BC V8W 9J7
Fax: 250-387-4349
Phone: 250-387-5378

Part 1 – Personal Information

Last Name	First Name	Middle Name	Date of Birth (DD/MM/YYYY)
Home Address (Apartment Number/Street Address)			
City	Province / Territory	Postal Code	Home/Cellular Telephone

Are you a Canadian citizen, landed immigrant or permanent resident? Yes No

Have you ever been convicted of a criminal offence? Yes No

A criminal record search may be required to process this application. In that event, applicants will be contacted prior to the search to obtain consent.

Part 2 – Employment/Volunteer Information

Position		Employer/Volunteer Organization	
Business Address		Email Address	
City	Province / Territory	Postal Code	Business Telephone

Part 3 – Purpose of Appointment

Explain in detail why you require the appointment, stating your duties, types of documents you will commission and section(s) of statute(s) pursuant to which your services will be provided. Your appointment will be restricted in accordance with the information you provide. (Attach additional page if more space is required.)

Part 4 – Certification

I hereby certify that I have read and I understand section 138 of the *Criminal Code* (Canada), which states the following:

Every person is guilty of an indictable offence and liable to imprisonment for a term of not more than two years or is guilty of an offence punishable on summary conviction who

- (a) signs a writing that purports to be an affidavit or 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 for 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 so sworn or declared.

I further hereby certify that all statements made in this application are true and complete to the best of my knowledge and belief. I understand that should an investigation disclose misrepresentation or falsification of a material fact, my application may be rejected or appointment revoked.

Signature of Applicant

Date

Part 5 – Employer/Volunteer Supervisor Verification

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

Signature of Employer/Supervisor

Position

Date

If you are self-employed, provide the following information with respect to one person who is not your relative and who has known you for at least two years. They will be contacted to confirm your employment status.

Last Name	First Name	Middle Name	Relationship
Home Address (Apartment Number/Street Address)			Home/Cellular Telephone
City	Province / Territory	Postal Code	Number of years this person has known you:

Pursuant to section 26 (c) of the *Freedom of Information and Protection of Privacy Act*, this information is being collected pursuant to section 56 of the *Evidence Act* for the purpose of determining the suitability of applicants for appointment as a Commissioner for Taking Affidavits. Questions about the collection of this information may be directed to: Order in Council Administration Office, Ministry of Attorney General at 250-387-5378.