Nova Scotia Department of Justice

APPLICATION

COMMISSIONER OF THE SUPREME COURT OF NOVA SCOTIA

(COMMISSIONER OF OATHS)

PLEASE PRINT

For office use only:

File: _____

Name: _____

County: _____

OID: _____

Cheque: _____

Name: _____ ***Date of Birth:*** _____

Employer: _____

Type of Company

□ Law Firm □ Provincial Government □ Federal Government

□ Municipal Government □ Non-Profit Organization □ Other (*specify*) _____

Business Address:

_____

Number Street City/Town County Postal Code

_____

PO Box City/Town County Postal Code

_____ _____

Phone Fax

Home Address:

_____

Number Street City/Town County Postal Code

_____ _____

Phone Fax

References: *(Please attach letters.)*

(1) _____

(2) _____

Fee = $121.77 for 5 year term

□ 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 days of any change of address, name, et cetera.

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. (*If yes, please state date, offence and disposition.*)

_____

_____

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*

For office use only:

Date Appointed: Expiry Date: Rejected: _____

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