



**APPLICATION FORM – COMMISSIONER FOR OATHS
NEWFOUNDLAND & LABRADOR PROVINCIAL GOVERNMENT EMPLOYEES**

Date of Application: _____ *New* *Renewal*

Name of Applicant: _____

Home Address: _____ Town/City: _____

Prov.: _____ Postal Code: _____

Occupation: _____

Department: _____ Division _____

Divisional mailing address/location: _____

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

Signature of Applicant _____

(Nos. 1 & 2 – New Applicants Only)

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

2. Two references required. Please list their names, addresses and telephone numbers.

(i.) _____

(ii.) _____

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

4. Return completed application to: Department of Justice
Attn: Dorothy McGrath-Oliver
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 729-0965. Thank you.