

Notice

It is a serious offence to make a false statement on this form. The information on this form may be subject to audit and verification. The penalties for making a false statement may include a fine and imprisonment. The date of the guarantor's signature on this form must be within six months of the date of the application to be considered valid.

List of Guarantors (Entitled to practise/serve in Canada at the time the Declaration is made.)

- Dentist, medical doctor, optometrist, chiropractor, pharmacist, psychologist or psychiatrist
- Federal Penitentiary Warden or Probation and Parole Officer
- First Nation Chief or Councillor of a band recognized under the *Indian Act*
- Judge, Justice of the Peace, police officer (municipal, provincial, First Nations or RCMP)
- Lawyer or notary public
- Mayor
- Member of Parliament (MP) or Member of Provincial Parliament (MPP)
- Minister of religion authorized under provincial law to perform marriages
- Parents/Guardians
- Postmaster
- Principal, vice-principal or teacher of primary or secondary school
- Professional accountant (member of APA, CA, CGA, CMA, PA or RPA), or employee of a financial institution
- Professional engineer (P.Eng., Eng. in Quebec)
- Registered nurse (RN), Registered Practical Nurse (RPN), Nurse Practitioner – RN-EC (Extended Care)
- Senior administrator or teacher in a university, Indigenous postsecondary institute, or community college (including CEGEPs)
- Veterinarian

1. Applicant Information (Print name exactly as it appears on the legal identification being presented.)

Last Name		First Name		Middle Name/Initial
Unit Number	Street Number	Street Name		
City/Town		Province	Postal Code	
Date of birth (yyyy/mm/dd) _____				

I certify I am the individual named above, and my date of birth and residential address are as stated above, and the signature below is my signature and was signed in the presence of the Guarantor.

Signature	Date (yyyy/mm/dd)
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2. Guarantor's Information (The guarantor may be contacted by the Ministry to verify the information provided.)

Last Name		First Name		Middle Name/Initial
Occupation/Relationship (if parent/guardian)		Telephone Number	ext.	Email Address
Unit Number	Street Number	Street Name		
City/Town		Province	Postal Code	

I have known the applicant for: _____ years.

I solemnly declare that I am a Canadian citizen and, to the best of my knowledge and belief, all of the statements made above by the applicant are true. I further solemnly declare that I have known the applicant personally for at least two (2) years and the applicant signed this form in my presence.

Signature	Date (yyyy/mm/dd)
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