

Ministry of the Attorney General

Legal Appointments Office

77 Wellesley St W, BOX 720 Toronto ON M7A 1N3 Telephone: 416-326-4064 Fax: 416-326-4065

Requests for appointment as commissioners for taking affidavits will be evaluated against Ministry criteria. These criteria include, but are not limited to: the nature of the business, the basis of need, the intended usage and frequency of use, and the availability of alternative resources.

Appointments as commissioners for taking affidavits are typically granted to persons employed by a business or service provider that is required by federal, provincial or municipal law to produce sworn affidavits as part of its regular business. Appointments will not be granted to allow applicants to enter a new line of business or employment.

Instructions

 \mathbf{N}

 $\mathbf{\nabla}$

Please Enclose:

All pages of the accompanying application form, fully completed, signed and dated by the applicant, with the completed security check consent statement form (form ON00532).

A letter of authorization on letterhead, signed or cosigned by an officer or senior official of your business or organization. (In a law office, the letter should be signed by a supervising lawyer or a senior partner; if a company or business, by an officer of the company or business. If you are self-employed you may sign the letter). The letter should nominate the applicant as a commissioner for taking affidavits on behalf of the business or organization and must provide:

- the applicant's full legal name
- the applicant's job title in the company, business or organization
- the type and number of documents the applicant will commission in a typical month
- the nature of the business of the company, business or organization.

You may submit your application and consent statement form (form ON00532) by email to appointments@ontario.ca Before submitting, either digitally sign, or print, sign, and scan your application form and consent statement and save them as password-protected PDF files. When submitting, send all documents in one email with attachments, with the password to open the attachments sent in a separate email.

Please be aware, when sending personal information by email, that electronic communication is not always secure and can be vulnerable to interception. By emailing the completed application and consent statement form to the ministry, you are doing so at your own risk and choosing.

Commissioner for Taking Affidavits General Application Instructions

Applications submitted by email do not require a payment to be accompanied. If the ministry intends to grant you an appointment, you will be provided with details and instructions to submit your payment for processing. Your potential appointment will not be finalized until your payment is received, processed and you receive confirmation of your approval.

Alternatively, you may wish to submit your application form, consent statement form, your letter of authorization and **payment** by mail to:

> Ministry of the Attorney General Legal Appointments Office 77 Wellesley St W, BOX 720 Toronto ON M7A 1N3

If submitting an application by mail, please include a cheque or money order for the appointment fee of \$75.00 payable to "Minister of Finance". HST is not applicable. Do not send cash or credit card information. No fee is required if the applicant is an employee of the federal, provincial or municipal government, a First Nations band, or a Children's Aid Society.

Please allow four to six weeks for processing.

Additional Requirements

Accountants and financial planners: Enclose a copy of your licence to practise in Ontario.

Reporters providing out-of-court reporting services: Enclose a copy of your certificate of qualification or a letter from a current or former employer stating that you have at least one year of reporting experience.

Employees of independent social service agencies:

Please provide proof that your agency receives funding from the federal or provincial government, or from one or more municipalities. We accept copies of acknowledgment letters from funding sources or copies of statements of revenue from your organization's or agency's annual audited financial statements.

Process servers: Enclose a copy of the firm's Master Business Licence or the first page of the articles of incorporation (as appropriate). Process servers must have been registered for at least six months before an appointment can be granted.

Insurance brokers and adjusters: Enclose a letter from at least one insurance company confirming your entitlement to settle claims on that company's behalf.

Pour obtenir le formulaire en français, visitez <u>https://forms.mgcs.gov.on.ca/fr/dataset/004-0313</u> ou composez le 416-326-4064.



Ministry of the Attorney General

Legal Appointments Office

77 Wellesley St W, BOX 720 Toronto ON M7A 1N3 Telephone: 416-326-4064 Fax: 416-326-4065

Commissioner for Taking Affidavits General Application

The completion and filing of this application form with the Ministry of the Attorney General does not guarantee that an appointment as a commissioner for taking affidavits will be approved.

Note: Only completed applications will be considered. Incomplete applications will be returned. Before you begin, please read the following application instructions carefully.

- If you are filling out a paper copy, complete all entries in pen using block characters. Use capital and lower case letters as applicable in names.
- Do not use initials in names.
- Post office box numbers are not sufficient for business address.
- Do NOT leave blank spaces. Draw a line or write "NA" (Not Applicable) in a section if it does not apply to you.
- Attach additional sheets of paper if you require more room.

Fields marked with an asterisk (*) are mandatory.

Applicant information				
Last Name *	First Name *			
Middle Name(s) *	Date of Birth (yyyy/mm/dd) *			

Business Email Address *

Name of Business or Organization with whom you are currently employed *

Date Employed by Business or Organization *	Business Telephone *		Ext.
Business Address	I		
Unit/Suite No. * Street No. * Street Name *			PO Box
Department	Contact Person		1
Municipality/City/Town *		Province *	Postal Code *
Nature of Business or Services *		_	•
Nature of Documents to be Sworn *			
Have you previously held an appointment as a commissioner for takin	ng affidavits in Ontario? *		
If Yes, please provide your last name and year the appointment expir Last Name	ed as they appeared on your prev Year	/ious stamp:	
Anticipated frequency of use (number of documents per month) *			

Please note: The Ministry of Attorney General may corroborate the information provided in the following section through
the Canadian Police Information Centre (CPIC). By completing and signing this application form, you are consenting to
this CPIC check.

Have you ever been convicted of a criminal offence for which you have not received a pardon or record suspension? *

Permanent Residency

🗌 No 🗌 Yes

If Yes, please provide details, date(s) and state the section(s) that apply to the offence(s). Provide details on an attached page if space provided is not sufficient.

You are entitled to work in Canada b	y reason of	(select one): *
--------------------------------------	-------------	-----------------

Canadian Citizenship

Work Permit

If you selected work permit, indicate the expiry date of your work permit (yyyy/mm/dd)

Related businesses or organizations (if any) for which your proposed appointment is required.	
(Attach a separate list or chart if necessary):	

Name of Business or Organization	Check one or more if applicable:			
5	Subsidiary	Associated Company	Affiliate	

List the full names of every commissioner for taking affidavits at your place of employment (excluding lawyers, paralegals, and articling/law students (if any)).

Last Name	First Name

If your appointment will replace that of an existing or former commissioner, state that commissioner's full name, termination date of the appointment, or the last date appointment will be required, and return the certificate for cancellation (if available).

Explain in detail below why this appointment is required, and provide additional information that will substantiate the need for such an appointment. Provide details on an attached page if space provided is not sufficient. *

Completion and Enclosures Checklist

I have enclosed (check all that apply):

All pages of this application form,	fully completed,	signed and da	ated by the	applicant,	with the
completed security check consen	t statement form	(form ON0053	<u>32</u>).		

A letter of authorization nominating the applicant as described in the application instructions.

		Anv a	additional	documents	reauired for m	v line of work.	as described in t	he application instruction
--	--	-------	------------	-----------	----------------	-----------------	-------------------	----------------------------

Email the completed application to <u>appointments@ontario.ca</u> **or** mail the completed application and payment (a cheque or money order for the appointment fee of \$75.00 payable to "Minister of Finance".) to:

> Ministry of the Attorney General Legal Appointments Office 77 Wellesley St W, BOX 720 Toronto ON M7A 1N3

I understand the purpose for which this information will be used and certify that the information given in the application is correct and complete.

Full Legal Name *	Signature*	Date (yyyy/mm/dd)*

Pursuant to subsection 39(2) of the Freedom of Information and Protection of Privacy Act, this information is collected pursuant to subsections 4(1) and 4(1.1) of the Commissioners for Taking Affidavits Act for the purpose of determining the suitability of applicants for appointment as commissioners for taking affidavits. Questions about the information collected should be directed to: Manager, Legal Appointments Office, 77 Wellesley St. W, BOX 720, Toronto ON M7A 1N3, 416-326-4064, appointments@ontario.ca