



STATEMENT OF PROFESSIONAL STANDING

New Brunswick Certification No.: (7 digits): _____

Name: _____
Surname Maiden First Name Middle

Date of Birth: _____ **E-mail:** _____
(YYYY) (MM) (DD)

Mailing Address: _____ **Telephone Numbers:**

Home: _____

Work: _____

Cell: _____

Province or Territory for which the Statement of Professional Standing is requested:

Mailing address where the Statement must be sent:

The fee for a Statement of Professional Standing is \$30.00 each. Payment must be made by money order or cheque payable to the Minister of Finance, Province of New Brunswick.

Signature

Date

Please allow 4 weeks to 25 work days for processing.