

Declaration of Guarantor for Proof of Residency



The applicant information requested below must be completed in the presence of the guarantor.
Please print in black or blue ink.

Legal Surname: _____ Legal Given Name(s): _____

Date of Birth: (dd/mmm/yyyy) ____/____/____

Physical Address (no PO Box #'s): _____ Apartment #: _____

City, Town or Village: _____ Province: _____ Postal Code: _____

I certify that I am the individual named above, that my date of birth and temporary residential address are as stated above, and the signature below is my signature. I consent to Saskatchewan Government Insurance collecting the information about me set out under the Applicant's Information section from my guarantor and such other personal information about me from my guarantor or other third parties as necessary to verify my eligibility for the driver's licence.

Applicant Signature: _____ Legal Guardian(s) Signature: _____
If applicant is under 18 years of age

Choosing an Eligible Guarantor

- Your guarantor must:
1. Be a Saskatchewan resident
 2. Meet the occupation or offices criteria exactly as described on reverse
 3. Fully complete the Declaration of Guarantor section on the reverse side of this document
 4. Must have known the applicant for a minimum of 30 days

Warning to All Applicants and Guarantors

Any false statement, misrepresentation or concealment of any material fact on this form, or on any other document presented in support of this application, may be grounds for criminal prosecution. The personal information is used to administer the driver's licence or identification card records.

Surname: _____ Given Name(s): _____

Name of Firm/Organization: _____ Official Title: _____

Business Address (no PO Box #'s): _____ Apartment #: _____

City, Town or Village: _____ Province: _____ Postal Code: _____

Business Telephone: _____ Home Telephone: _____

Place a check mark beside the applicable occupation or office and provide the additional information if requested.

- Chief of a band, as defined in the Indian Act (Canada)
 - Name of First Nation, Tribal Council or Community: _____
- Chiropractor
- Carrier Driver Training Program Co-ordinator
 - Carrier Name: _____
- Dentist
- Federal Penitentiary Warden
 - Name of Institution: _____
- Hutterite Colony Manager or Minister
 - Name of Colony: _____
- Judge
- Justice of the Peace
- Lawyer
- Mayor, reeve or other chief elected official of city / municipality
 - Name of City / Municipality: _____
- Membership Clerk of a band, as defined in the Indian Act (Canada):
 - Name of First Nation, Tribal Council or Community: _____
- Medical Doctor
- Member of Parliament
- Member of the Legislative Assembly or of the Legislative Assembly or Provincial Parliament of another province or territory of Canada
- Minister of Religion authorized under the laws of Saskatchewan to perform marriages or authorized to do so under the laws of another province or territory in Canada:
 - Name of Religious Organization: _____
- Military Police Force
 - Detachment: _____
 - Badge #: _____
 - Unit Name: _____

- Notary Public
- Nurse
- Optometrist
- Paralegal
- Pharmacist (must be licenced in Canada)
 - Licence #: _____
- Postmaster
- Principal of a Primary or Secondary School
 - School Division: _____
 - School Name: _____
 - Community College: _____
- Provincial / Municipal Police Force
 - Unit Name: _____
 - Detachment: _____
 - Badge #: _____
- Professional Accountant - CA
- Professional Accountant - CGA
- Professional Accountant - CMA
- Professional Engineer (P.Eng.)
- Royal Canadian Mounted Police Officer
 - Unit Name: _____
 - Detachment: _____
 - Badge #: _____
- Social Worker
- Senior Administrator of a University or Community College
 - University or College Name: _____
- Teacher at a University or Community College
 - University or College Name: _____
- Teacher of a Primary or Secondary School
 - School Division: _____
 - School Name: _____
- Veterinarian

I have known the applicant for _____ months. (Minimum 30 days)

I declare that I am actively employed or engaged in Canada in the occupation or office indicated above, and that I am a Canadian citizen. To the best of my knowledge and belief, all of the statements made in this application are true, and the signature shown is a true representation of the applicant's signature.

I authorize Saskatchewan Government Insurance to take such steps as it considers necessary to verify my authority to act as a qualified guarantor, and to collect my personal information for that purpose. I authorize my employer, my professional association, or my governing body (as the case may be) to disclose such personal information to Saskatchewan Government Insurance as is necessary to confirm my qualification to act as a guarantor.

Guarantor's Signature: _____

Signed at: (City/Province) _____

Date: _____