



# APPLICATION FOR CERTIFICATE OF GOOD STANDING

Type: **Business**  **Self Employed**   
Fast Track: **Yes (\$30)**  **No (\$20)**

Business Name: \_\_\_\_\_

Business Registration # \_\_\_\_\_ Date Applied: \_\_\_\_ | \_\_\_\_ | \_\_\_\_  
MM DD YYYY

Name of Applicant: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Purpose of Certificate: \_\_\_\_\_  
\_\_\_\_\_

## Inspector's checklist:

Non-Profit Organization Certificate of Registration	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Current Trade Licence Attached	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Certificate of Incorporation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
List of Directors Attached	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Insurance Licence	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Bank Licence	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Contributions Up-to-Date	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Additional Notes: \_\_\_\_\_  
\_\_\_\_\_

Applicant in Good Standing  Approved \_\_\_\_\_  
Inspectorate Manager

Applicant not in Good Standing

Date: \_\_\_\_ | \_\_\_\_ | \_\_\_\_  
MM DD YYYY

\_\_\_\_\_  
Inspector's Signature