



ID CERTIFICATION FORM

1. The identification document attached is a: *(certifying professional to sign copy of said document)*

- Passport
- Driver's License
- Citizenship Card
- Permanent Resident Card

ID reference number of the identification document _____
(ie. if Driver's License used then write down the DL number)

2. I, _____
(print the name of the professional certifying the ID attached)

have been asked by _____
(print the name of the applicant – owner of the ID)

to confirm that the document attached is a true copy of the original.

3. My profession is one of the following and is marked with an "X" below:
(only professionals listed below will be accepted)

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Lawyer | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Judge | <input type="checkbox"/> Dentist |
| <input type="checkbox"/> Magistrate | <input type="checkbox"/> Doctor |
| <input type="checkbox"/> Notary (Quebec) – Notary Public | <input type="checkbox"/> Chiropractor |
| <input type="checkbox"/> Commissioner of Oaths | <input type="checkbox"/> Optometrist |
| <input type="checkbox"/> Professional Engineer | <input type="checkbox"/> Veterinarian |
| <input type="checkbox"/> Accountant : Public, Registered Public, Certified General, Accredited Public, Certified Management, Chartered | |

4. Signature of certifying professional (Mandatory) _____

Registration number or Seal/Stamp of the certifying professional (Mandatory) _____

Phone number of the certifying professional (Mandatory) _____

Date: _____