

CHURCH TRIUMPHANT ASSEMBLIES OF CANADA



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Our task – Presenting the good news and assisting others of like faith

APPLICATION FOR CREDENTIALS - ANNUAL RENEWAL FORM 6

To be filled in annually by licensing/ordaining church of the applicant.
Must be signed by Pastor of licensing/ordaining church and Applicant.

Name of Applicant: _____ Phone No. _____

Address _____ Postal Code _____

Date of birth: Day _____ Month _____ Year _____ Does candidate hold? [] License [] Ordination

Fax No. _____ E.mail. _____ Web Page. _____

Church Name _____ Phone No. _____

Address _____ Postal Code _____

Church Taxation No. _____ Obtained by: Private [] Another Assembly []

Name and address of pastor of licensing/ordaining church:

Pastor's Name _____ Phone No. _____

Address _____ Postal Code _____

Church Taxation No. _____ Obtained by: Private [] Another Assembly []

We certify that the above named applicant continues to be affiliated with this local church and is in good standing, and that the original purpose for holding credentials with the Fellowship still hold true. Any changes in the applicant's situation are recorded below.

The candidates field of ministry in the past year has been:

He/She is in full time ministry? YES [] NO []

Does he/she subsidize his/her income with secular work? YES [] NO []

Signature of Pastor _____ Date _____

Signature of Applicant _____ Date _____

Registration fee of \$ _____ should accompany this form.

Please Print or Type Answers