



# INDEPENDENT ASSEMBLIES OF GOD INTERNATIONAL CANADA

Rev. David Kelsey  
General Secretary  
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## FORM 1 - APPLICATION FOR CREDENTIALS

Commissioned Christian Worker  License  Ordination

Name of Candidate: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Marital Status: Single  Married  Divorced  Remarried

Spouse's Name: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Why are you applying for CCW/licensing/ordination? \_\_\_\_\_

\_\_\_\_\_

What are your Ministries? (Please check all applicable) Pastor  Co-Pastor  Apostle  Prophet

Evangelist  Teacher  Missionary  Retired Minister

Where will candidate be located in their ministry? \_\_\_\_\_

What was/will be the date of their licensing/ordination? \_\_\_\_\_

### CANDIDATES PREVIOUSLY LICENSED OR ORDAINED AND HOLDING CREDENTIALS WITH OTHER FELLOWSHIPS SHOULD FILL IN THE FOLLOWING:

Name of Fellowship previously associated with: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Church Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Duration of affiliation, reason for and time of withdrawal: \_\_\_\_\_  
\_\_\_\_\_

Are recommendations from previous fellowship available? (Character reference): Yes  No

How long has candidate been affiliated with the above sponsoring church and what is their sphere of service? \_\_\_\_\_ years. \_\_\_\_\_

**Name of Sponsoring Church:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Church Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

**Name of Sponsoring Pastor:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

**We hereby certify that the answers to the above questions are true and correct to the best of our knowledge:**

Dated this (day) \_\_\_\_\_ of (month) \_\_\_\_\_ (year) 20\_\_\_\_\_

Candidate's Signature: \_\_\_\_\_

Pastor's Signature: \_\_\_\_\_

Church Official's Signature: \_\_\_\_\_

A copy of this form has been sent to your Regional Secretary? Yes  No

Regional Secretary's Signature: \_\_\_\_\_

**Registration fee of \$250.00 should accompany this form. (\$210 annual fee + \$40 first time registration fee). In the event that the application is not accepted, the fee will be returned in full.**