



Rev. David Kelsey
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FORM 1 - APPLICATION FOR CREDENTIALS

Commissioned Christian Worker License Ordination

Candidate's Informations:

Mr. Mrs. Miss

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

CellPhone: _____ Phone: _____

Email: _____ Website: _____

Date of birth: Month _____ Day _____ Year _____

Marital Status: Single Married Divorced Remarried Widowed

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: _____ years.

Reason of withdrawal: _____

Are recommendations from previous fellowship available? (Character reference):

Yes No

Name of Sponsoring Church: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Church Phone: _____ Cell Phone: _____

Email: _____ Website: _____

Name of Sponsoring Pastor: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Church Phone: _____ Cell Phone: _____

Email: _____ Website: _____

How long has candidate been affiliated with the sponsoring church? _____ years.

What is their sphere of service? _____

Important:

The application fee is \$300.00 CAD. Payment must accompany this form. In the event the application is not accepted, this fee will be returned in full.

All forms must be completed fully, accurately, and submitted with all required supporting documentation and payment. It is the sole responsibility of the applicant or submitting party to verify that all information provided is complete and correct prior to submission. Any form requiring corrections, resubmission, administrative follow-up, or reprocessing due to incomplete, missing, inaccurate, or improperly entered information will incur an additional **\$50.00 CAD reprocessing fee**. All reprocessing fees are **non-refundable**.

By submitting this form, the applicant acknowledges and agrees to these terms.

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

Name of the Applicant

Signature of the Applicant

Local Sponsoring Pastor

Signature of the Pastor

Name of the Church Official

Signature of the Church Official

Name of the Regional Secretary

Signature of the Regional Secretary