

## **IDENTITY VERIFICATION ATTESTATION FORM CHECKLIST**

Use this checklist if a candidate cannot provide accepted government-issued photo ID. 1. AN ATTESTATION FORM IS NEEDED IF ☐ Candidate does not have accepted government-issued photo ID ☐ Candidate provides only a Birth Certificate or non-photo Health Card 2. CHOOSE THE RIGHT ATTESTER (PERSON WHO CAN VERIFY CANDIDATE'S IDENTITY) Attester is 18 years or older ☐ Has known the candidate for at least 2 years Attester is a parent, guardian, family member, or friend 3. CHECK THE ATTESTATION FORM ☐ Ensure all sections are filled out by the attester Confirm the candidate's info matches their non-photo ID Ask the attester for their original, valid (not expired), government-issued photo ID ☐ Confirm the photo ID matches the attester present Confirm the attester's info on the attestation form matches their ID ☐ Make sure the form is signed and dated 4. FILL OUT YOUR SECTION ☐ Print your name ☐ Provide your Member ID ☐ Write the course name and date ☐ Sign and date the form

## **5. COMPLETE THE TEST SHEET**

Use the candidate's non-photo ID to accurately record:	
☐ Full legal name ☐ Date of birth	
6. SUBMIT THE FORM	
<ul> <li>□ Attach the completed form to the test sheet</li> <li>□ Submit everything with the course paperwork</li> <li>□ Do not retain or copy the attestation form</li> </ul>	



## **IDENTITY VERIFICATION ATTESTATION FORM**

		, hereby attest that I know	
		, who is seeking to verify t-issued identification containing a photo. I confirm that they	
-	-	nem for years (min. 2 years).	
		em for years (min. 2 years).	
I am the candida		Friend on Frank, manufacture (40 conservations on alder)	
Parent or Legal Guardian		Friend or Family member (18 years of age or older)	
Signature:		Date:	
Telephone #:		Email:	
Candidate:	by the instructor, examiner, or Birth Certificate	Non-Photo Health Card	
	Birth Certificate  Driver's License		
Attester:	Health Card	Canadian Citizenship Card  Certificate of Indian Status	
	Passport	Ontario Photo Card	
	Permanent Resident Ca		
I certify that I hav presenting them.		pove identification documents, and that they match the individuals	
Name:		Member ID:	
Signature:	Date:		
Course:			
		OR OFFICE USE ONLY ed by a Senior Officer or Designate)	
Approved By:	ved By : Signature:		
Date:		Batch #:	