



Nova Scotia
Occupational Therapy
Regulator

202-1597 Bedford Hwy
Bedford NS B4A 1E7
902-455-0556 nsotr.ca

PHOTO IDENTIFICATION NOTARIZATION FORM

To be completed by Applicant:

Legal Name of Applicant:	
	<i>Name must match the name provided on NSOTR application form</i>
Signature of Applicant:	
Date:	

Instructions for Notary Public:

- Complete the "Declaration of Notary Public" box below.
- Attach a notarized **colour** photocopy of a valid government-issued photo ID to this form.
- The notary stamp and/or seal must be directly on photocopy attached to this form.
- If the name on any identification document is different from the applicant's legal name mentioned above, the applicant must provide a government-issued name change or marriage certificate document showing their name change.

DECLARATION OF NOTARY PUBLIC

I, _____, a Notary in and for the Province of _____ certify
that: Name of Notary Public Province

- the applicant named above appeared before me in person;
- their identity has been proven to my satisfaction through presentation of the attached photo identification; and
- that the copy of the identification document attached to this page is the true likeness of the same applicant.

As of this _____ Day of _____, _____, in the city of _____,
Day Month, Year City
_____.
Jurisdiction

Phone number or e-mail of Notary: _____.

Signature and Stamp of Notary