

**INDEPENDENT ASSEMBLIES OF GOD INTERNATIONAL (Canada)**

Rev. Paul McPhail, General Secretary  
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**FORM 1 – APPLICATION FOR CREDENTIALS**

Commissioned Christian Worker [  ] License [  ] Ordination [  ]  
Name of Sponsoring Church: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: Area Code [  ] \_\_\_\_\_ Fax: [  ] \_\_\_\_\_  
E-mail: \_\_\_\_\_ Website: \_\_\_\_\_  
Name of Sponsoring  
Pastor: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone Area Code [  ] \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Website: \_\_\_\_\_  
  
Name of Candidate: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal  
Code: \_\_\_\_\_ Phone: Area Code [  ] \_\_\_\_\_  
Fax: [  ] \_\_\_\_\_ E-mail: \_\_\_\_\_  
Website: \_\_\_\_\_  
Marital Status : (Please check one) Single [  ] Married [  ] Divorced [  ] Remarried [  ]  
Citizenship?: \_\_\_\_\_  
Why are you applying for licensing/ordination?  
\_\_\_\_\_  
\_\_\_\_\_  
  
What are your Ministries? (Please check) Pastor [  ] Co-Pastor [  ] Evangelist [  ]  
Missionary [  ] Teacher [  ] Retired Minister [  ]  
Where will candidate be located in his/her  
ministry? \_\_\_\_\_  
  
What was/will be the date of the licensing/ordination of the candidate?  
\_\_\_\_\_  
\_\_\_\_\_

Name of the ministers who will conduct or have conducted the  
licensing/ordination? \_\_\_\_\_  
**CANDIDATES PREVIOUSLY LICENSED OR ORDAINED AND HOLDING CREDENTIALS  
WITH OTHER  
FELLOWSHIPS SHOULD FILL IN THE FOLLOWING:**

Name of Fellowship with which you previously held Credentials:

\_\_\_\_\_  
\_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Phone: Area Code [ ] \_\_\_\_\_  
Fax: [ ] \_\_\_\_\_  
E-mail: \_\_\_\_\_  
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. \_\_\_\_\_

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

\_\_\_\_\_  
A copy of this form has been sent your Regional Secretary? YES [ ] NO [ ]  
Regional Secretary's Signature: \_\_\_\_\_

**A fee of \$200.00 should accompany this form. (\$160.00 Annual fee + \$40.00 one time  
Registration fee). In the event that the application is not accepted, the Annual fee will be  
returned in full.**