

ATTESTATION OF DIRECTORS AND RESIDENTS

I, _____, the Licensee/Administrator of
(Administrator/Licensee)
_____ located at _____,
(Child Care Service) (Location)

confirm that the individuals identified below constitutes a current list of directors/residents. I certify that the information provided by me is true and complete to the best of my knowledge and belief. I agree to notify the regional office within two business days of any change in director/resident.

Director/Executive Officer/Resident Name	Title or Relationship to Administrator
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	

SWORN (OR AFFIRMED) to at _____
(Location)

in the Province of Newfoundland and Labrador, before me.

On _____
YYYY/MM/DD

Administrator/Licensee Name

Administrator/Licensee Signature

Witness Name

Witness Signature