



Application for WNSRRA Operational Deployment Certificate

| Given Names | | Surname | |
|--|-----------------------------------|---------------------------|---------------|
| Dates of WNSR Service (Mmm YY to Mmm YY) | | Rank – Current or Retired | Post-Nominals |
| Mailing Address (Street address or Postal Box, Town/City, Province, Postal Code) | | | |
| Email address | | Phone number | |
| Details of Deployed Duty | | | |
| Deployment (Please list deployments in the order in which they occurred) | | | |
| 1 | Operation Name and Location | | Deployed Unit |
| | Deployed Dates (Mmm YY to Mmm YY) | | Deployed Rank |
| | Deployed Duty | | |
| 2 | Operation Name and Location | | Deployed Unit |
| | Deployed Dates (Mmm YY to Mmm YY) | | Deployed Rank |
| | Deployed Duty | | |
| 3 | Operation Name and Location | | Deployed Unit |
| | Deployed Dates (Mmm YY to Mmm YY) | | Deployed Rank |
| | Deployed Duty | | |
| 4 | Operation Name and Location | | Deployed Unit |
| | Deployed Dates (Mmm YY to Mmm YY) | | Deployed Rank |
| | Deployed Duty | | |

Additional deployments should be noted on back of this form

Signature of Applicant

DD Mmm YY
Date of Application

Send completed application to:
WNSRRA Secretary
5086 Hwy 357,
Eldersburg, NS
B0N1K0