



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