



Department of Education
School Services Unit
333 Market Street
Harrisburg, PA 17126-0333

**APPLICATION FOR COMMISSION
EXECUTIVE DIRECTOR
OR
SUPERINTENDENT**

____ NEW

____ CONTINUED

PDE-5529 (8/99)

INSTRUCTIONS: This form must be completed for each individual applying for a commission.

VERIFICATION OF QUALIFICATIONS

NAME (Dr., Mr., Mrs., Ms.)

DATE OF BIRTH

ADDRESS

This is to certify that I have completed all requirements for the position of _____ and that the Pennsylvania Department of Education has issued the appropriate Letter of Eligibility, a **copy** of which is attached to this application.

EXECUTIVE DIRECTOR/SUPERINTENDENT

SIGNATURE OF APPLICANT

DATE

CERTIFICATE OF ELECTION OF COMMISSIONED OFFICER

The Board of Directors of _____ met according to law on _____,

INTERMEDIATE UNIT OR SCHOOL DISTRICT

and hereby certify that _____, was elected by a majority vote of the Board of Directors as

_____ for a term beginning on the _____ day of _____, 20 _____,

EXECUTIVE DIRECTOR/SUPERINTENDENT

and ending on the _____ day of _____, 20 _____ and that the evidence of eligibility was presented to the board by the said applicant.

Attested to this _____ day of _____, 20 _____.

SECRETARY, BOARD OF DIRECTORS

PRESIDENT, BOARD OF DIRECTORS

OATH OF OFFICE

I do solemnly swear (or affirm) that I will support, obey and defend the Constitution of the United States and the Constitution of this Commonwealth, and that I will discharge the duties of my office with fidelity.

Sworn (or affirmed) and subscribed before me in

_____, the _____ day of _____

COUNTY

_____, 20 _____.

LAW JUDGE OR SECRETARY OF EDUCATION

SIGNATURE OF APPLICANT

DATE

INTERMEDIATE UNIT OR SCHOOL DISTRICT

FOR PDE USE:

ACTION	SIGNATURE	DATE
CREDENTIALS VERIFIED		
COMMISSION AUTHORIZED		