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 www.consumerprotectionbc.ca

**Travel Agent/Wholesaler
 Accommodation Provider/Wholesaler
 Licence Application Form**

TO BE COMPLETED BY APPLICANT ONLY

The personal information requested in this form and the results of the Criminal Record check are collected and retained under the authority of Section 26 (c) of the BC *Freedom of Information and Protection of Privacy Act* and Section 144 of the *Business Practices and Consumer Protection Act*. This information will be used to determine eligibility for licensing in the Province of British Columbia.

BUSINESS INFORMATION

1. Legal name:
(Exact name in CAPITAL LETTERS)
2. Trade/DBA names (if any):
(Exact name in CAPITAL LETTERS)
3. Physical address:
(Suite #, Street Address, City & Province/State Postal/Zip Code)
4. Mailing address:
(Suite #, Street Address, City & Province/State Postal/Zip Code)
5. Office tel: (.....) Fax tel: (.....)
6. Email: Web:
7. Business type: corporation partnership sole proprietorship society
8. Fiscal year end for financial reporting purposes: (DD/MM):.....

If the applicant is a corporation, please complete the following:

Incorporation Date: _____ Jurisdiction: _____
 Incorporation Number: _____

If the applicant is a partnership/proprietorship or is operating Trade/DBA names, please complete the following:

Registration Date(s): _____ Jurisdiction: _____
 Registration Number(s): _____

Note: Please include your British Columbia registrations for an incorporated company and/or current registration forms for each trade name/DBA name, partnership/proprietorship to be operating under this licence.

COMPLETE THE FOLLOWING IF THE APPLICANT IS A CORPORATION

NAMES IN FULL OF SENIOR OFFICERS	RESIDENCE		POSITION HELD
	TELEPHONE	ADDRESS	
	()		<input type="checkbox"/> President <input type="checkbox"/> Treasurer <input type="checkbox"/> Secretary <input type="checkbox"/> Chief Operating Officer
	()		<input type="checkbox"/> President <input type="checkbox"/> Treasurer <input type="checkbox"/> Secretary <input type="checkbox"/> Chief Operating Officer
	()		<input type="checkbox"/> President <input type="checkbox"/> Treasurer <input type="checkbox"/> Secretary <input type="checkbox"/> Chief Operating Officer
	()		<input type="checkbox"/> President <input type="checkbox"/> Treasurer <input type="checkbox"/> Secretary <input type="checkbox"/> Chief Operating Officer

COMPLETE THE FOLLOWING IF THE APPLICANT IS A PARTNERSHIP/PROPRIETORSHIP

ALL PART./PROP. NAMES IN FULL (If insufficient space attach a separate sheet)	RESIDENCE		
	TELEPHONE	ADDRESS	
()			<input type="checkbox"/> Proprietor/Partner
()			<input type="checkbox"/> Partner
()			<input type="checkbox"/> Partner

- Have you previously applied for or held a travel agent/wholesaler licence in any jurisdiction? Yes No
- If **YES** above, were any of those licences ever suspended or cancelled? Yes No
- Have you ever been refused a travel agent or travel wholesaler licence in any jurisdiction? Yes No
- Have any of the individuals identified above had 2 or more bankruptcies? Yes No
- Have any of the individuals identified above ever been convicted of an offence under the *Criminal Code of Canada* or any other statute? Yes No

- If **YES** to questions 1 through 4 above, provide details on a separate sheet, including date(s) and location(s) and parties involved.
- If **YES** to question 5 above, and you are a resident of Canada, complete a Statutory Declaration for Criminal Record Check and submit it with your application
- ALL APPLICANTS** that reside in Canada **MUST** complete a Consent for Criminal Record Information form and submit it with your application.
- ALL APPLICANTS** that do not reside in Canada **MUST** submit a certified criminal record check from their home jurisdiction.

LICENSING INFORMATION

- Applicant is (check applicable):
 - Travel Agent
 - Travel Wholesaler
 - Accommodation Provider/Wholesaler
- Application is for : Head office Branch Office
- Senior Officer** who will have charge of the applicant's business at this location:

Name: _____
(Surname) (First Name) (Middle Names in Full)

General Manager Manager Director of Operations Other: _____

Phone Number (_____) _____ E-mail Address _____
- Administrative Contact (person to contact regarding licensing and related issues):**

Name: _____
(Surname) (First Name) (Middle Names in Full)

Phone Number (_____) _____ E-mail Address _____
- Complaints Contact (person to contact regarding consumer complaints):**

Name: _____
(Surname) (First Name) (Middle Names in Full)

Phone Number (_____) _____ E-mail Address _____
- Are the business financial records held at the above address? If no, give the address where held Yes No

Location: _____

- 7. Are the financial statements for the applicant combined with any other businesses?Yes No
- 8. Do any other travel agents or travel wholesalers carry on operations at any of the listed premises?Yes No
- 9. Is the proposed licensed location a residence?Yes No
(If yes, please complete the Statutory Declaration - Residence Is A Place of Business available on the Consumer Protection BC website www.travelrightsbcc.ca.)
- 10. Birth date of the applicant if an individual.....(Day_____Month_____Year_____)
- 11. Are you a franchisee or affiliated with another travel provider?Yes No
Name of Franchisor or Affiliation.....

APPLICANT DECLARATION

The applicant hereby:

- 1. Certifies that I/we have obtained, read and understood the *Business Practices and Consumer Protection Act* and Travel Industry Regulation;
- 2. Certifies that all the information given in this application is true and correct to the best of my/our knowledge and belief;
- 3. Gives permission to the Consumer Protection BC to verify bank relationships, memberships and all other matters in this application;

Authorized signing officer of travel agency, travel wholesaler, accommodation provider/wholesaler or the applicant:

Signature _____ Print Name _____

Date _____ Title _____

LICENCE APPLICATION FEES

Licence application fees for travel agents and travel wholesalers are located in the Consumer Protection BC fee schedule. The fee schedule can be obtained from our website or by calling our office. **Please include the initial Travel Assurance Fund contribution payment with this application.** Licence application fees are non-refundable.

APPLY USING CHEQUE OR MONEY ORDER

Mail completed form, applicable attachments and cheque or money order payable to Consumer Protection BC to:

Consumer Protection BC
PO Box 9244
Victoria BC V8W 9J2

Courier: 307-3450 Uptown Blvd. Victoria, BC V8Z 0B9

(A service charge will be levied on any dishonoured payments)

APPLY USING CREDIT CARD

Pay by credit card by including the credit card payment authorization form available at www.travelrightsbcc.ca with your licence application form to the address above.

Licence application payments may be made using **VISA** , **MASTERCARD** or **AMERICAN EXPRESS**

INCOMPLETE APPLICATIONS WILL BE RETURNED UNPROCESSED