



COURIER: 307-3450 Uptown Blvd. Victoria, BC V8Z 0B9
MAIL: PO Box 9244/ Victoria, BC V8W 9J2
FAX: (250) 920-7181 **P:** (604) 320-1664 **TF:** 1 888 564-9963
www.consumerprotectionbc.ca

**Debt Collector/Bailiff
 Notice Of Transfer Form**

**\$FEE REQUIRED, PLEASE SEE
 CURRENT FEE SCHEDULE**

Pursuant to Section 11(2) (b) of the Debt Collection and Repayment Regulation, all licensees must inform the Director in writing immediately upon any change in employment status. All current licences must be returned to the Director upon ceasing employment with that employer.

Name of Debt Collector/Bailiff _____

Employee's Licence # _____

Home Address _____

Home Telephone # _____ E-Mail: _____

PREVIOUS EMPLOYER

Name of Agency _____

Address _____ Agency Licence # _____

Date Employment Ended: ____ / ____ / ____
 DD MM YYYY

I confirm that my employment with this employer has ended YES NO

NEW EMPLOYER

Name of New Agency _____

Address _____ Agency Licence # _____

Date Commencing New Employment: ____ / ____ / ____
 DD MM YYYY

I certify that the information in this document is true and correct to the best of my knowledge.

 Employee Signature

 Date

 New Employer Authorized Signature

 Date

PLEASE MAIL OR FAX THIS FORM WITH PAYMENT TO CONSUMER PROTECTION BC

Licence transfer fee may be paid by cheque payable to Consumer Protection BC or by credit card. Include credit card authorization form available at www.debtrightsbc.ca

Licence transfer fee is non-refundable

A service charge applies to dishonoured payments. Please see current fee schedule.



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Credit Card Payment Authorization Form



To pay by credit card, please complete form and submit with your request.

Payment is for: _____ **Licence Number:** _____
 (E.g. Renewal, New Application, Changes, etc.) (if known)

Business Name: _____

Cardholder Name: _____

Billing Address: _____

Contact Phone: _____

Card Type: American Express MasterCard Visa

(Note: Only American Express, MasterCard and Visa are currently accepted)

Payment Option 1

Maximum payment authorized \$ _____

Payment Option 2

I authorize Consumer Protection BC to charge my credit card the necessary amount required to process my documents or to perform my required services.

Credit Card Number:

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Expiry Date (m)

--	--

 (y)

--	--

CVV Number

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Cardholder Signature: **X** _____

OFFICE USE ONLY
Receipt # _____
Date _____
Amount _____
Auth. # _____

Privacy Statement: Your completion of this authorization form helps us to protect you from credit card fraud. All information entered on this form will be kept strictly confidential by Consumer Protection BC.