



**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  
**EMAIL:** operations@consumerprotectionbc.ca  
 www.consumerprotectionbc.ca

## Licence Application

### Debt Repayment Agent

#### 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. **By signing this form you are authorizing Consumer Protection BC to obtain a credit report for the persons named below as part of this application.**

#### 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 a Certificate of Good Standing (or equivalent) from your home jurisdiction for an incorporated company, and/or current certified search prints for each trade name / DBA name / partnership / proprietorship to be operated 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
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**COMPLETE THE FOLLOWING IF THE APPLICANT IS A PARTNERSHIP/PROPRIETORSHIP**

ALL partner/proprietor 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

**PROPRIETOR, PARTNER, OFFICER INFORMATION**

1. Have you previously held a debt repayment licence in any jurisdiction? .....  Yes .....  No

2. If **YES** above, was the licence ever suspended or cancelled?.....  Yes .....  No

3. Have you ever been refused a debt repayment licence in any jurisdiction? .....  Yes .....  No

4. Have any of the individuals identified above had 2 or more bankruptcies? .....  Yes .....  No

5. 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.

**ALL APPLICANTS** that reside in Canada **MUST** complete an online criminal record check within one day of sending this application to Consumer Protection BC by going to the following link: <http://www.sterlingtalentsolutions.ca/Consumer-Protection-BC> and following the instructions for completion. Please note that once complete, a copy will be sent directly to Consumer Protection BC.

**ALL APPLICANTS** that do not reside in Canada **MUST** submit a certified criminal record check from their home jurisdiction.

Please note that your application will not be processed until the criminal record check is received.

**LICENSING INFORMATION**

1. The business activity performed by Debt Repayment Agent: Debt Pooler  Debt Settler  Debt Pooler & Debt Settler

2. Is the business located in a residence?  Yes  No  
(If yes, complete a Statutory Declaration for a Residential Address available at [www.debtightsbc.ca](http://www.debtightsbc.ca))

3. **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 \_\_\_\_\_

4. **Administrative Contact (person to contact regarding licensing and related issues):**

Name: \_\_\_\_\_  
(Surname) (First Name) (Middle Names in Full)

Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

5. **Complaints Contact (person to contact regarding consumer complaints):**

Name: \_\_\_\_\_  
(Surname) (First Name) (Middle Names in Full)

Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

**APPLICANT DECLARATION**

- I enclose security that is acceptable to the director;
- I enclose a copy of every form that I use or intend to use to evidence any agreement or arrangement between myself and the person for whom I act;
- I enclose a copy of every document or other form of written communication that I use or intend to use in negotiating or arranging payment of a debt;
- I will prepare and deliver to the Director within 90 days of the close of the fiscal year, in each year, a signed financial statement

Authorized signing officer of debt repayment agency applicant:

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Date \_\_\_\_\_ Title \_\_\_\_\_

**LICENCE APPLICATION FEES**

**Licence application fees for debt repayment agencies are located in the Consumer Protection BC fee schedule. The fee schedule can be obtained from our website or by calling our office.**

**Licence application fees are non-refundable.**

**APPLY USING CHEQUE OR MONEY ORDER**

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

**Mail: Consumer Protection BC  
PO Box 9244  
Victoria BC V8W 9J2**

**Courier: Consumer Protection BC  
307-3450 Uptown Blvd  
Victoria, BC V8Z 0B9**

A service charge applies on any dishonoured payments. Please see fee schedule.

**APPLY USING VISA, MASTERCARD or AMEX CREDIT CARD**

Fax completed form, applicable attachments and a credit card payment authorization form (available from the debt repayment forms area at [www.debtightsbc.ca](http://www.debtightsbc.ca) to:

**Consumer Protection BC fax: 250 920-7181**

A service charge applies on any dishonoured payments. Please see fee schedule.

**INCOMPLETE APPLICATIONS WILL BE RETURNED UNPROCESSED**



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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) 

--	--

Cardholder Signature: X \_\_\_\_\_

<b>OFFICE USE ONLY</b>
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.