



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

Debt Repayment

Debt Repayment Agent Employee Application

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.

1. Full Name: _____ Birthdate: ____/____/____
 (Surname) (Given Names) YYYYY MM DD

2. You may use an alias, but must only use the name you indicate here: _____
 (Alias Last First Middle Name)

3. Home Address: _____ Postal/Zip: _____ Phone: (____) _____
 No., Street., Apt. City Prov/State

4. Birthplace: _____
 (City) (Province/State) (Country)

5. Sex: M / F

- | | Yes | No |
|--|--------------------------|--------------------------|
| 6. Have you previously held a debt repayment agent licence in British Columbia? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you had a debt repayment agent licence suspended or cancelled by a Licensing Authority? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you been refused a debt repayment agent licence in British Columbia or elsewhere? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you been convicted of an offence under the Criminal Code of Canada or any other statute? | <input type="checkbox"/> | <input type="checkbox"/> |

If **YES** to questions 7 or 8 above, provide details on a separate sheet, including date(s), location(s), and by what Authority.

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.

EMPLOYEE DECLARATION

I declare that:

- I am the applicant in this application, which I have signed; and
- I hereby apply for my debt repayment agent licence under the *Business Practices and Consumer Protection Act* of British Columbia. I confirm that the information contained in this application is true and correct;
- I have read the *Business Practices and Consumer Protection Act* and the Debt Collection and Repayment Regulation;

Signature _____ Print Name: _____

Date: _____

EMPLOYER DECLARATION

The foregoing application is hereby recommended. Dated this _____ day of _____ (Date) (Month) (Year)

Authorized Signing Officer of Debt Repayment Agency

Agency Name (As licensed)

Agency licence#

Print Name and Title of Signing Officer

Telephone: () _____ Fax: () _____

Business location where debt repayment agent will be licensed

(Street Address, Suite, City, Province/State, & Postal/Zip Code)

Licence application fees are payable by cheque, money order or credit card

Licence application fees are non-refundable

Please consult the current fee schedule for the applicable fee. Debt repayment agent employee licences expire based on the date of application. Applications, supporting documentation and applicable fees can be sent to:

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

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

Applications paid with a credit card may be faxed to 250 920-7181. Please complete and include the credit card authorization form with the application. The credit card authorization form is available at www.debtrightsbc.ca. We accept Visa, MasterCard and American Express.

Cheques or money orders are payable to Consumer Protection BC

A service charge applies on any dishonoured payments. Please see current 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 _____

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.