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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: ____/____/____
(Last name) (First name) YYYY MM DD
 2. You may use an alias, but must only use the name you indicate here: _____
(Alias Last First
 3. Home Address: _____ Postal/Zip: _____ Phone: (____) _____
No., Street., Apt. City Prov/State
 4. Have you previously held a debt repayment agent licence in British Columbia? ☐ **Yes** ☐ **No**
 5. Have you had a debt repayment agent licence suspended or cancelled by a Licensing Authority? ☐ ☐
 6. Have you been refused a debt repayment agent licence in British Columbia or elsewhere? ☐ ☐
 7. Have you been convicted of an offence under the Criminal Code of Canada or any other statute? ☐ ☐
- ☐ If **YES** to questions 5 or 6 above, provide details on a separate sheet, including date(s), location(s), and by what Authority.
- ☐ **ALL IN-PERSON AGENT 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, once complete a copy will be sent directly to Consumer Protection BC. For more information please visit our website <https://www.consumerprotectionbc.ca/component/content/article/163-about-cpa/general/1359-criminal-record-check>
- ☐ **ALL IN-PERSON AGENT APPLICANTS** that do not reside in Canada **MUST** submit a certified criminal record check from their home jurisdiction.

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

EMPLOYEE DECLARATION

I declare that:

1. I am the applicant in this application, which I have signed; and
2. 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;
3. I have read the *Business Practices and Consumer Protection Act* and the Debt Collection and Repayment Regulation;

Signature _____ Print Name: _____

Email address : _____ 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)

APPLICATION FEE ([see current fee schedule](#))

Pay by cheque or money order, or

Pay by Credit Card – complete [credit card authorization form](#) using Visa, Mastercard or American Express.

Application fees are non-refundable. A service charge will be applied for any dishonoured payments.

Send completed application form, applicable attachments and application fee by mail or by email.

Email operations@consumerprotectionbc.ca

Mail Consumer Protection BC
PO Box 9244
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Courier Consumer Protection BC
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INCOMPLETE APPLICATIONS WILL BE RETURNED UNPROCESSED