



COURIER: 321-3600 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 Repayment Agent
 Notice Of Transfer Form

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 electronically deleted upon ceasing employment with that employer.

Name of Debt Repayment Agent _____

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

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
Victoria, BC V8W 9J2

Courier Consumer Protection BC
321-3600 Uptown Blvd
Victoria, BC V8Z 0B9

Please 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.

Licence transfer fee is non-refundable

A service charge applies to dishonoured payments. Please see [current fee schedule](#).
