



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 Repayment Agent
 Employee Inter-Office
 Transfer

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

EMPLOYEE NAME: _____

LICENCE NUMBER: _____

TYPE OF CHANGE

Effective Date of Change _____

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

EMPLOYEE CHANGE OF LOCATION (SAME EMPLOYER)

DETAILS OF CHANGE

From Location Licence Number: _____

To Location Licence Number: _____

From Address: _____

To Address: _____

Employee Signature: _____
 Employee

Date: _____

Agency Signature: _____
 (Authorized Signing Officer for Employer)

Date: _____

Name: _____
 Please Print

Title: _____

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.debttrightsbc.ca

Licence transfer fee is non-refundable

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



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

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:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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.