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Employee Termination Notice

Please complete the following form for each licensed employee that terminates employment with a licensed business under the the Business Practices and Consumer Protection Act. This form can be completed by either the employer or the licensed employee.

By promptly completing this form, we can ensure that all licensing records are accurate and up-to-date.

Employee Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
Print last name Print first name Print middle name or initial

Employee Licence #: \_\_\_\_\_

Employee Termination Date: \_\_\_\_\_

Reason for termination:

- Voluntarily quit, retired or accepted employment with another employer
Terminated for unreasonable business practices (please provide a brief summary of the unreasonable practice(s) below)

Five horizontal lines for providing a summary of unreasonable business practices.

- Terminated for other reason not related to any of the above

Business name: \_\_\_\_\_ Licence number: \_\_\_\_\_

Signature of Authorized Signing Officer: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Print name