

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 collection agent or other employer
- Terminated for unreasonable collection practices (please provide a brief summary of the unreasonable practice(s) below)

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

Business name: _____

Licence number: _____

Signature of Authorized Signing Officer: _____ **Date** _____

Print name _____