



**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](http://www.consumerprotectionbc.ca)

## 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 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