



COURIER: 307-3450 Uptown Blvd. Victoria, BC V8Z 0B9
MAIL: PO Box 9244/ Victoria, BC V8W 9J2
EMAIL: operations@consumerprotectionbc.ca
FAX: (250) 920-7181 **P:** (604) 320-1664 **TF:** 1 888 564.9963 www.consumerprotectionbc.ca

Voluntary Business Closure
 Travel Agency/Wholesaler

Please notify Consumer Protection BC if you chose to voluntarily close your licensed business. This will allow us to update our records and manage your account accordingly.

I, _____, President/Director of _____
 hereby request that our license as a travel retailer/wholesaler (License # _____) under the *Business Practices and Consumer Protection Act* (the Act), be cancelled effective _____.
 DD/MM/YYYY

I further acknowledge that selling travel services and operating as a travel agent without a valid BC license is a contravention of s. 142 of the Act. Section 1.1 of the Travel Industry Regulation defines "travel services" to mean "transportation, accommodation or another service combined with transportation or accomodation".

I confirm there will be no claims to the Travel Assurance Fund resulting from the cancellation of Consumer Protection BC license # _____.

I hereby surrender our Consumer Protection BC licence certificate and confirm that _____
 will not represent itself as being registered with Consumer Protection BC and will no longer use or display the Consumer Protection BC license number or logo.

Dated: _____

President/Director (Print Name) _____

President/Director (Signature) _____