CONSUMER PROTECTION BC

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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

LICENCE APPLICATION

COLLECTION AGENCY
BAILIFF AGENCY

TO BE COMPLETED BY APPLICANT ONLY

The personal information requested in this form and the results of the Criminal Record check are collected and retained under the authority of Section 26 (c) of the BC *Freedom of Information and Protection of Privacy Act* and Section 144 of the *Business Practices and Consumer Protection Act*. This information will be used to determine eligibility for licensing in the Province of British Columbia. **By signing this form you are authorizing Consumer Protection BC to obtain a credit report for the persons named below as part of this application.**

BUSINESS INFORMATION

All of the contact information that you provide to us may be made public. Your business address, even if it's a home address, will be published on our website. We consider this to be your business contact information and must be available should a customer need to reach you.

1. Legal name: .....
(Exact name in CAPITAL LETTERS)

2. Trade/DBA names (if any):.....
(Exact name in CAPITAL LETTERS)

3. Physical address: .....
(Suite #, Street Address, City & Province/State Postal/Zip Code)

4. Mailing address: .....
(Suite #, Street Address, City & Province/State Postal/Zip Code)

5. Office tel: (.....) ..... Fax tel: (.....) .....

6. Email: ..... Web: .....

7. Business type: corporation ☐ partnership ☐ sole proprietorship ☐ society ☐

8. Fiscal year end for financial reporting purposes: (DD/MM): ……

If the applicant is a corporation, please complete the following:

Incorporation Date: _____ Jurisdiction: _____

Incorporation Number: _____

If the applicant is a partnership/proprietorship or is operating Trade/DBA names, please complete the following:

Registration Date(s): _____ Jurisdiction: _____

Registration Number(s): _____

Note: Please include a Certificate of Good Standing (or equivalent) from your home jurisdiction for an incorporated company, and/or current certified search prints for each trade name / DBA name / partnership / proprietorship to be operated under this licence.

COMPLETE THE FOLLOWING IF THE APPLICANT IS A CORPORATION

NAMES IN FULL OF SENIOR OFFICERS	RESIDENCE		POSITON HELD
	TELEPHONE	ADDRESS	
	( )		☐ President ☐ Treasurer ☐ Secretary ☐ Chief Operating Officer
	( )		☐ President ☐ Treasurer ☐ Secretary ☐ Chief Operating Officer
	( )		☐ President ☐ Treasurer ☐ Secretary ☐ Chief Operating Officer

COMPLETE THE FOLLOWING IF THE APPLICANT IS A PARTNERSHIP/PROPRIETORSHIP			
ALL partner/proprietor names in full (If insufficient space attach a separate sheet)	RESIDENCE		
	TELEPHONE	ADDRESS	
	( )		☐ Proprietor/Partner
	( )		☐ Partner
	( )		☐ Partner

PROPRIETOR, PARTNER, OFFICER INFORMATION

1. Have you previously held a collection agent or bailiff licence in any jurisdiction? ..... ☐ Yes ..... ☐ No
2. If **YES** above, were any of those licences ever suspended or cancelled? ..... ☐ Yes ..... ☐ No
3. Have you ever been refused a collection agent or bailiff licence in any jurisdiction? ..... ☐ Yes ..... ☐ No
4. Have any of the individuals identified above had 2 or more bankruptcies? ..... ☐ Yes ..... ☐ No
5. Have any of the individuals identified above ever been convicted of an offence under the *Criminal Code of Canada* or any other statute? ..... ☐ Yes ..... ☐ No

☐ If **YES** to questions 1 through 4 above, provide details on a separate sheet, including date(s) and location(s) and parties involved.

☐ ALL APPLICANTS that reside in Canada MUST complete an online criminal record check within one day of sending this application to Consumer Protection BC by going to the following link: http://www.sterlingtalentsolutions.ca/Consumer-Protection-BC and following the instructions for completion. (Please note, once complete a copy will be sent directly to Consumer Protection BC. For more information please visit our website https://www.consumerprotectionbc.ca/component/content/article/163-about-cpa/general/1359-criminal-record-check

☐ ALL APPLICANTS that do not reside in Canada MUST submit a certified criminal record check from their home jurisdiction.

Please note, your application will not be processed until the criminal record check is received.

LICENSING INFORMATION

1. The business activity performed by applicant (check one): Collection ☐ Collection/Bailiff ☐ Bailiff ☐
2. Is the business located in a residence? ☐ Yes ☐ No
   (If yes, complete a Place of Business Statutory Declaration available at www.debtrightsbc.ca)
3. **Senior Officer** who will have charge of the applicant's business at this location:

   Name: _____
   (Surname) (First Name) (Middle Names in Full)

   General Manager ☐ Manager ☐ Director of Operations ☐ Other: _____

   Phone Number (_____) _____ E-mail Address _____
4. **Administrative Contact (person to contact regarding licensing and related issues):**

   Name: _____
   (Surname) (First Name) (Middle Names in Full)

   Phone Number (_____) _____ E-mail Address _____
5. **Complaints Contact (person to contact regarding consumer complaints):**

   Name: _____
   (Surname) (First Name) (Middle Names in Full)

   Phone Number (_____) _____ E-mail Address _____

APPLICANT DECLARATION

☐ I enclose security that is acceptable to the director;

☐ I enclose a copy of every form and contract that I use or intend to use to evidence any agreement or arrangement between myself and the person for whom I act;

☐ I enclose a copy of every document, form of letter, or notice that I use or intend to use in collecting, negotiating or demanding payment of a debt;

☐ Yes, all documents are enclosed ☐ No, debt payment negotiations with debtor will be done by other means

☐ I will prepare and deliver to the Director within 90 days of the close of the fiscal year, in each year, a signed financial statement.

Authorized signing officer of collection/ bailiff/debt pooling agency applicant:

Signature_____ Print Name _____

Date _____ Title_____

APPLICATION FEE (see current fee schedule)

Pay by cheque or money order, or
Pay by Credit Card – complete credit card authorization form using Visa, Mastercard or American Express.

Application fees are non-refundable. A service charge will be applied for any dishonoured payments.

Send completed application form, applicable attachments and application fee by mail or by email.

Email operations@consumerprotectionbc.ca

Mail
Consumer Protection BC
PO Box 9244
Victoria, BC V8W 9J2

Courier
Consumer Protection BC
321-3600 Uptown Blvd
Victoria, BC V8Z 0B9

INCOMPLETE APPLICATIONS WILL BE RETURNED UNPROCESSED