CONSUMER PROTECTION BC

COURIER: 321-3600 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
EMAIL: operations@consumerprotectionbc.ca
www.consumerprotectionbc.ca

LICENCE APPLICATION
TELEMARKETER

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.

BUSINESS INFORMATION:

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

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

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

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

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

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

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

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 your British Columbia registration forms for an incorporated company and registration forms for each trade name/DBA name, partnership, proprietorship to be operating under this licence

COMPLETE THE FOLLOWING IF THE APPLICANT IS A CORPORATION			
NAMES IN FULL OF SENIOR OFFICERS	RESIDENCE		POSITION HELD
	TELEPHONE	ADDRESS	
	( )		☐ President ☐ Treasurer ☐ Secretary ☐ Chief Operating Officer
	( )		☐ 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 PART./PROP. NAMES IN FULL (If insufficient space attach a separate sheet)	RESIDENCE		
	TELEPHONE	ADDRESS	

	( )		☐ Proprietor/Partner
	( )		☐ Partner
	( )		☐ Partner

COMPLETE THE FOLLOWING INFORMATION:

1. Have you previously applied for or held a telemarketer 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 telemarketer 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: https://pages.sterlingbackcheck.ca/landing-pages/c/consumer-protection-bc/ and following the instructions for completion. Please note that once complete, a copy will be sent directly to Consumer Protection BC.

☐ **ALL APPLICANTS** that do not reside in Canada MUST submit a certified criminal record check from their home jurisdiction.
Please note that your application will not be processed until the criminal record check is received.

☐ **ALL APPLICANTS** must comply with all other laws, regulations and orders which apply to their telemarketing activities, in particular the Unsolicited Telecommunication Rules enforced by the CRTC, which includes the federal regulatory requirements that pertain to the National Do Not Call List.

LOCATION INFORMATION (copy this page and attach to application for each location being licensed)

1. Physical address: .....
(Suite #, Street Address, City & Province/State, Postal/Zip Code)
2. Mailing address: .....
(Suite #, Street Address, City & Province/State, Postal/Zip Code)
3. Office Tel: (____) _____ Fax: (____) _____
4. This location will be the principal location: Yes ☐ No ☐ If no, indicate principal location: _____
5. The business activity engaged in at this location: Distance Sales ☐ Third Party Fundraising ☐ Both ☐
6. **Senior Officer** who will have charge of the applicant's telemarketing/fundraising business at this location:
   Name: _____
   (Surname) (First Name) (Middle Names in Full)
   General Manager ☐ Manager ☐ Director of Operations ☐ Other: _____
   Phone Number (_____) _____ E-mail Address _____
7. **Administrative Contact (person to contact regarding licensing and related issues):**
   Name: _____
   (Surname) (First Name) (Middle Names in Full)
   Phone Number (_____) _____ E-mail Address _____
8. **Complaints Contact (person to contact regarding consumer complaints):**
   Name: _____
   (Surname) (First Name) (Middle Names in Full)
   Phone Number (_____) _____ E-mail Address _____

APPLICANT DECLARATION

The applicant hereby:

1. Certifies that I/we have obtained, read and understood the *Business Practices and Consumer Protection Act* and Telemarketer Licensing Regulation;
2. Certifies that all the information given in this application is true and correct to the best of my/our knowledge and belief.
3. Gives permission to Consumer Protection BC to verify bank relationships, memberships and all other matters in this application;

Authorized signing officer of telemarketer applicant:

Signature_____ Print Name _____

Date _____ Title_____ _____

LICENCE APPLICATION FEES (fees are calculated for each licensed location)

Licence application fees for telemarketers are located in the fee schedule. The fee schedule can be obtained from our website www.consumerprotectionbc.ca or by calling our offices. Licence application fees are non-refundable.

Location Amount (*Please see telemarketer fee schedule) ..... **(A)** $ _____

☐ **Business located within BC**: Number of *FTE's engaged in distance sales or 3rd party fundraising from this location..... **(B)** _____

OR

☐ **Business located outside BC**: Number of *FTE's engaged in distance sales or 3rd party fundraising with BC consumers from this location..... **(C)** _____

Multiply ($ current fee from fee schedule) for each FTE = (B) or (C) X ($ current fee from fee schedule) **(D)** $_____

Total Fee (A) + (D) **$** _____

*A Full Time Equivalent (FTE) represents 1957.5 hours of distance sales or 3rd party fundraising work for the licence year October to September. Can be based on prior year actual or projected future year amounts rounded to the closest whole number.

PROCESSING

PLEASE MAIL OR FAX THIS FORM WITH APPLICABLE PAYMENT TO CONSUMER PROTECTION BC

CHEQUES: in Canadian Funds Payable to CONSUMER PROTECTION BC
CREDIT CARD: Include Consumer Protection BC credit card payment authorization form available at www.consumerprotectionbc.ca. Accepted credit cards: VISA, MASTERCARD, AMEX

A service charge applies on dishonoured payments. See current fee schedule.

INCOMPLETE APPLICATIONS WILL BE RETURNED UNPROCESSED

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Credit Card Payment Authorization Form



To pay by credit card, please complete form and submit with your request.

Payment is for: _____ **Licence Number:** _____
(E.g. Renewal, New Application, Changes, etc.) **(if known)**

Business Name: _____

Cardholder Name: _____

Billing Address: _____

Contact Phone: _____

Card Type: **American Express** ☐ **MasterCard** ☐ **Visa** ☐

(Note: Only American Express, MasterCard and Visa are currently accepted)

Payment Option 1

☐ **Maximum payment authorized** **$**_____

Payment Option 2

☐ **I authorize Consumer Protection BC to charge my credit card the necessary amount required to process my documents or to perform my required services.**

Credit Card Number: | | | | | | | | | | | | | | | | |

Expiry Date **(m)** | | **(y)** | |

CVV Number | | | |

Cardholder Signature: **X**_____

OFFICE USE ONLY

Receipt #_____

Date _____

Amount_____

Auth. #_____

Privacy Statement: Your completion of this authorization form helps us to protect you from credit card fraud. All information entered on this form will be kept strictly confidential by Consumer Protection BC.