

Application for Licence or Registration New, Reinstatement or Renewal

FOR CPB OFFICE USE ONLY

File Number

Reviewed By

Date (yyyy/mm/dd)

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Date (yyyy/mm/dd)

It is an offence to make a false statement in this application. In addition to any charges that may be laid, a false statement may delay the processing of this application, and result in its refusal.

1. The applicant hereby applies for the following: (check appropriate type)

- Assistant Bailiff, *Bailiffs Act*
 Collector, *Collection Agencies Act*
 Personal Information Investigator, *Consumer Reporting Act*
 Sales Representative, *Cemeteries Act (Revised)*

- New Application
 Reinstatement Application
 Renewal Application

For Renewal or Reinstatement Give Licence Number

2. For the purpose of this application the applicant provides the following information

Last Name	First Name	Middle Name	Date of Birth (yyyy/mm/dd)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
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Residential Address

Unit/Suite/Apt.	Street Number	Street Name	PO Box Number
City/Town	Province	Postal Code	Telephone Number ()

Mailing Address (if different from Residential Address)

Unit/Suite/Apt.	Street Number	Street Name	PO Box Number
City/Town	Province	Postal Code	

 Is the applicant a Canadian Citizen? Yes No If no, attach valid Employment Authorization document or Landed Immigration document.

List previous Residential Address

Unit/Suite/Apt.	Street Number	Street Name	PO Box Number
City/Town	Province	Postal Code	

3. Individual Background (attach a separate sheet if needed)

Description of activity; i.e. Employment, School, Unemployment	Name and Full Address of Employer or Organization	Period (Report full history of past three years)					
		From			To		
		Year	Mo.	Day	Year	Mo.	Day

4. If the answer to any of the following questions is “yes,” attach full details on a separate signed and dated sheet and also attach any relevant documentation.

	Check Appropriate Response		
	No	Yes	Previously Reported
5. Will you be engaged, occupied, employed or associated directly or indirectly, in any other business, occupation or profession?	<input type="checkbox"/>	<input type="checkbox"/> Indicate full details on a separate sheet	
6. Are you registered, licensed or appointed under this or any other legislation in any province, territory, state or country? (Other than related to a driver's licence)?	<input type="checkbox"/>	<input type="checkbox"/> Indicate type, jurisdiction, registration, licence or appointment number on a separate sheet	
7. Have you ever had a registration, licence or appointment, refused, suspended, revoked or cancelled (other than related to a driver's licence)?	<input type="checkbox"/>	<input type="checkbox"/> Indicate type, jurisdiction, registration, licence or appointment number on a separate sheet	<input type="checkbox"/>
8. Have you ever been an officer, director or controlling shareholder of a corporation that has had a registration, licence or appointment, refused, suspended, revoked or cancelled?	<input type="checkbox"/>	<input type="checkbox"/> Indicate type, jurisdiction, registration, licence or appointment number on a separate sheet	<input type="checkbox"/>
9. Have you ever been convicted of an offence under any law of any province, territory, state or country, or are you currently the subject of any charges? <i>(You do not have to disclose any offence for which a pardon has been granted under the Criminal Records Act and which has not been revoked. A pardon is not granted simply because of the passage of time. You do not have to disclose convictions under the Young Offenders Act, the Juvenile Delinquents Act or minor traffic violations such as speeding or parking tickets.)</i>	<input type="checkbox"/>	<input type="checkbox"/> Indicate full details on a separate sheet	<input type="checkbox"/>
10. Have you ever been an officer, director or controlling shareholder of a corporation which has been convicted of an offence under any law of any province, territory, state or country, or is currently the subject of any charges?	<input type="checkbox"/>	<input type="checkbox"/> Indicate full details on a separate sheet	<input type="checkbox"/>
11. Have you ever had an employment or business relationship terminated for breach of trust or confidentiality, deceit, fraud, theft, forgery, misappropriation of funds, harassment or assault or other similar conduct?	<input type="checkbox"/>	<input type="checkbox"/> Indicate full details on a separate sheet	<input type="checkbox"/>

12. Certification

I hereby certify that the information provided is, to the best of my knowledge and belief, true.

Dated _____ this _____ day of _____ 20 _____ .

Signature of Applicant

Print Name in Full

13. Certificate of Employer

Name of Intended Employer

Business Address

Unit/Suite/Apt.	Suffix	Street Number	Street Name		Street Type	Direction
PO Box		Station	Rural Route	Lot/Part/Block/Section	Concession/Plan	
City/Town/Municipality				Province	Postal Code	
Telephone Number (include Area Code) ()			Fax Number (include Area Code) ()		Employer's Registration Number	

I hereby certify that I have personally and fully discussed the response to each question of this application with the applicant prior to executing this document and am satisfied that the information given by the applicant is true to the best of my knowledge and belief, and request that the application be granted. I further certify that I will not employ the applicant in the capacity to which this application applies until I receive his/her certificate of Registration or Licence.

Signature of Authorized Signing Official

Print Name and Title in Full

14. Notice and Consent under the *Freedom of Information and Protection of Privacy Act*

In respect of the Act under which this application is made, I understand that in order to process this application and the information provided in this form, the Consumer Protection Branch, Ministry of Consumer Services, may collect information from, or disclose information to, organizations in or out of Ontario including: licensing or regulatory authorities, government regulators or other law enforcement agencies, the Registrar of Bankruptcies, credit bureaus, professional and industry associations, former or current employers and employers for whom I may be associated with while this licence or registration is valid. Without limiting the generality of the foregoing I understand that the collection/ disclosure may include information from the Canadian Police Information Centre (C.P.I.C.)

I also understand that the information collected pursuant to this application and in relation to the conduct as a licensee or registrant under the Act to which this application is made, may be shared with regulating authorities and/or law enforcement agencies in or out of Ontario and that such information may be used in determining my licence or registration status in all jurisdictions in which I am licensed or registered or have applied to be licensed or registered.

I also understand the Ministry may also use this information for the purpose of conducting quality assurance and other similar programs and may contact me for such a purpose either directly or through an agent.

I understand the Ministry may also disclose to the public by telephone, writing or another manner, including the internet, my registration or licence information including, but not limited to: status, registration, licence number, applicable dates, business name, business contact person, business/ contact address, business/ contact telephone number and business facsimile number, business email address.

I further consent to the Ministry disclosing to my current, subsequent and/ or intended employer(s) to which this application pertains of any action taken and of any information gathered in relation to this licence or registration.

I consent to the collection, use and disclosure of this information for the purposes stated above and to determine whether I am and remain qualified for licensing or registration in all jurisdictions.

Dated at _____ this _____ day of _____ 20 _____ .

Signature of Applicant

Print Name in Full

The public official who can answer questions about the collection of this information is:

**Ministry of Consumer Services
The Consumer Protection Branch
5775 Yonge Street, Suite 1500
Toronto ON M7A 2E5
Telephone: 416 326-6203**