

## **Debt Retirement Charge Program (DRC)**

33 King St West PO Box 620 Oshawa ON L1H 8E9

## Debt Retirement Charge (DRC) Program - Registration

Ce formulaire est disponible en français.

										O	ffice Use	e Only -	- Profile ID
A General Information													
Full Legal Name of Registrant (if different from above	)												
Full Trade Name(s) of Registrant (if applicable)													
Business Classification Sole Proprietor	Partnership	С	orporation		Othe	er (descri	ibe)						
B Information about Registrant													
Ontario Energy Board (OEB) Licence Number if more than one attach list)							dentific	tification No.					
Business Address - where records are kept (check if same as above) treet No. and Name/Lot No./Concession/Township								Suite/Unit					
Post Office/RR No.													
City/Town	Province/State		Country				Postal Code/Zip Code			Code			
Business Telephone No.			•						'				
Telephone No. (incl. Area Code)					rea Code) e-Mail A					ddress (if applicable)			
Mailing Address - for DRC returns, staten	nents, bulletins,	etc. (check	if same as	abi	ove)								
Street No. and Name/Lot No./Concession/Township				St						Suite/U	Suite/Unit		
Post Office/RR No.													
City/Town	Province/State		Country						Postal Code/Zip Code				
C Person to Contact for DRC Purpo	ses												
Last Name		First Name	Name						Initial				
Position Held		1											
Telephone No. (incl. Area Code)	Fax No. (incl. Ar	Fax No. (incl. Area Code)				e-Ma	e-Mail Address (if applicable)						

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D Multiple Business Locations							
Do you operate from more than one pla	ce of business?	☐ No	Yes	(attach a list of all location	s)		
Do you want to file DRC returns from more than one place of business?   No Yes (complete <b>Schedule A</b> and attach it is							
E Self-Generating Users ONLY	complete Schedule B and attac	ch it to this registi	ration)				
Enter the result of your calculation from line 3 of <b>Schedule B</b> here:							
F Information about Sole Propri	etor. Partners. Officer	s and Direc	tors (attach	list if necessary)			
Last Name							
Position Held				Business Telephone No	. (incl. Area Code)		
				·			
Last Name	Fire	st Name			Initial		
Position Held				Business Telephone No	. (incl. Area Code)		
G Certification							
This registration form must be signed by:	(a) an owner, if proprietorshi	ip;					
	<ul><li>(b) a partner, if a partnership</li><li>(c) an officer, if a corporation</li></ul>	o; n or association.					
Last Name	Fire	st Name			Initial		
Position Held							
Telephone No. (incl. Area Code)	Fax No. (incl. Area C	Gode)		e-Mail Address (if applic	able)		
I certify that the information provided on	this registration and any a	attachment(s)	s true, accı	urate and complete.			
S	ignature				Date		

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