



Ministry of Government and Consumer Services

Consumer Services Operations Division
77 Wellesley Street West
PO Box 450
Toronto ON M7A 2J6
Telephone: 416-326-8800
Toll free: 1-800-889-9768
TTY: 416-229-6086
TTY toll free: 1-877-666-6545

Application for Registration or Appointment (Business) - New, Reinstatement or Renewal

Form header with sections: Note to Applicants, FOR CPB OFFICE USE ONLY, and sub-sections for Bailiffs, Collection Agencies, and Reporting Agencies.

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

Application for:
[] Bailiff Appointment, Bailiffs Act
[] Collection Agency Registration, Collection Agencies Act
[] Consumer Reporting Agency Registration, Consumer Reporting Act

2. Business Application Type

[] Sole Proprietorship [] Partnership [] Corporation [] Branch (not applicable to Bailiffs)

3. Application Type

[] New [] Reinstatement [] Renewal (not applicable to Bailiffs) For reinstatement or renewal give previous registration number

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

Full Legal Name of Applicant
Ontario Corp. Number Business Registration Number Single Business Number
Carrying on Business as

Business Address

Unit/Suite/Apt. Street Number Street Name PO Box Number
City/Town Province Postal Code
Telephone Number (incl. Area Code) Fax Number (incl. Area Code) E-mail Address
Chief Officer, Manager or Contact Person Contact Telephone Number (incl. Area Code)

Mailing Address (if different from Business Address)

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

If a Sole Proprietor, are you a Canadian Citizen?
[] Yes [] No If "No"; attach valid employment authorization document.

5. For Corporations Only (if the shareholder is another Corporation include a fully completed form)

Date of Incorporation (yyyy/mm/dd)	Jurisdiction of Incorporation <input type="checkbox"/> Ontario <input type="checkbox"/> Other (specify) _____	
Name of Shareholder (include Corporation Number if applicable)	Address of Shareholder	Occupation of Shareholder
Total No. of equity (voting) shares issued to date	Is the corporation entitled to offer its shares to the public? <input type="checkbox"/> Yes <input type="checkbox"/> No Are any of the equity (voting) shares held for a beneficial Shareholder? If yes, attach full particulars <input type="checkbox"/> Yes <input type="checkbox"/> No	

6. For Collection Agencies

Name of Financial Institution where trust account is maintained		Trust Account Number
Address of Financial Institution		
Unit/Suite/Apt.	Street Number	Street Name
City/Town	Province	Postal Code

7. For Bailiffs Only

Have you attached an *ORIGINAL* bond in the amount of \$5,000.00? Yes No

This application for appointment is made for

(Name of territorial division) _____

NOTE: List qualifications to act as a bailiff *on a separate sheet* and *include résumé*.

If the application is in respect of a corporation, *include qualifications and résumé of each active officer and director*.

List the circumstances, which indicate that a bailiff is needed for public convenience in the territorial division where applicant wishes to be appointed.

8. Notices and Consent under the *Freedom of Information and Protection of Privacy Act* (Applicant)

I/We understand that in order to complete and verify the information provided in this application, Ministry of Government and Consumer Services, Consumer Services Operations Division may consult with licensing or regulatory authorities, government regulators or other law enforcement agencies in or out of Canada, the Registrar of Bankruptcies, credit bureaus, professional and industry associations, former or current employers, employers for whom I may be associated with while this appointment, licence or registration is valid and may collect additional relevant information.

I/We also understand that the information collected pursuant to this application or in relation to the conduct as a licensee, registrant or appointee under the Act to which this application is made, may be shared with regulating authorities or law enforcement agencies in other jurisdictions and that such information may be used in determining the license, registration or appointment status in all jurisdictions in which the applicant is licensed, registered or appointed or has applied to be licensed, registered or appointed.

I/We consent to the collection and use of this information to determine whether I am/we are and remain, or the applicant is and remains qualified for licensing, registration or appointment in all jurisdictions.

I/We further consent to the Ministry informing my/our current, subsequent or intended employer(s) of any action taken and of any information gathered in relation to this licence, registration or appointment.

Dated at _____

this _____ day of _____ 20_____.

Signature of Applicant or Authorized Signing Officer	Print Name in Full
Signature of Applicant or Authorized Signing Officer	Print Name in Full
Signature of Applicant or Authorized Signing Officer	Print Name in Full

NOTE: For Corporations, an officer must sign this application.
For Partnerships, each partner in a partnership must sign this application.
For a Sole Proprietorship, the sole proprietor must sign this application.

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

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9. Key Individuals

(Attach a completed copy of this page (page 3) and the following pages (page 4 & 5), for each officer, director, partner, sole proprietor)

Name		
Last Name	First Name	Initial
Canadian Resident <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth (yyyy/mm/dd)	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Position Held <input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other (specify) _____		

For Bailiff or Collection Agency Applicants only
(partner, sole proprietorship or active officer or director of a corporate application must pass an examination)

I will be active in the business to which this application pertains

On _____ I successfully passed the Bailiff examination.
(date)

On _____ I successfully passed the Collection Agency examination
(date)

Residential Address				
Unit/Suite/Apt.	Street Number	Street Name	PO Box Number	Registration Number
City/Town		Province	Postal Code	
Telephone Number (incl. Area Code)		Fax Number (incl. Area Code)	E-mail Address	

10. – 18. Key Individuals and Applicants

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

It is a serious offence to make a false statement in this application. A false statement may delay the processing of this application and result in the refusal of the application and possible charges.	Check Appropriate Response		
	No	Yes	Previously Reported
10. 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.	<input type="checkbox"/>
11. Are you registered, licenced or appointed under this or any other legislation in any province, territory, state or country? (<i>other than related to a driver's licence</i>)	<input type="checkbox"/>	<input type="checkbox"/> Indicate type, jurisdiction, registration, licence or appointment number on a separate sheet.	<input type="checkbox"/>
12. Do you currently have any unpaid judgment(s) outstanding against you? Are you or were you an officer, director or controlling shareholder of a corporation, which has any unpaid judgment(s) outstanding?	<input type="checkbox"/>	<input type="checkbox"/> Submit a copy of each judgment. State amount outstanding and repayment arrangements.	<input type="checkbox"/>
13. Have you ever had a registration, licence or appointment refused, suspended, revoked or cancelled? (<i>other than related to a driver's licence</i>)	<input type="checkbox"/>	<input type="checkbox"/> Indicate type, jurisdiction, registration, licence or appointment number on a separate sheet.	<input type="checkbox"/>
14. 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"/>
15. Have you, in the past ten (10) years, been involved in bankruptcy proceedings, or are you now or have you been an officer, director or controlling shareholder of a corporation which has in the last ten (10) years been declared bankrupt or is currently a party to bankruptcy proceedings?	<input type="checkbox"/>	<input type="checkbox"/> Attach assignment or discharge papers and a list of creditors	<input type="checkbox"/>
16. 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"/>
17. 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"/>
18. 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"/>

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

Dated at _____

this _____ day of _____ 20_____ .

Signature of Applicant

Print Name in Full

19. Notices and Consent under the *Freedom of Information and Protection of Privacy Act* (Individual)

I understand that in order to complete and verify the information provided in this application, Ministry of Government and Consumer Services, Consumer Services Operations Division may consult with licensing or regulatory authorities, government regulators or other law enforcement agencies in or out of Canada, the Registrar of Bankruptcies, credit bureaus, professional and industry associations, former or current employers, employers for whom I may be associated with while this appointment, licence or registration is valid and may collect additional relevant information.

I also understand that the information collected pursuant to this application or in relation to the conduct as a licensee, registrant or appointee under the Act to which this application is made, may be shared with regulating authorities or law enforcement agencies in other jurisdictions and that such information may be used in determining the license, registration or appointment status in all jurisdictions in which the applicant is licensed, registered or appointed or has applied to be licensed, registered or appointed.

I consent to the collection and use of this information to determine whether I am and remain, or the applicant is and remains qualified for licensing, registration or appointment in all jurisdictions.

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Signature of Applicant

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