



RETURN THIS FORM TO:

Service Alberta	OR
North Field Services	Service Alberta
3B Commerce Place	South Field Services
10155 102 Street	301 7015 Macleod Trail
Edmonton AB T5J 4L4	Calgary AB T2H 2K6

Application for an Agency Licence
Fair Trading Act

- Collection**
 Debt Repayment

1. Trade Name of Agency

2. Name of Sole Proprietor, Partnership or Corporation

If Sole Proprietor
Show **→**

Date of Birth (year/month/day)

If Partnership, list up to three names and attach list showing names of all additional partners including birth dates.

Date of Birth (year/month/day)

Name: _____

Date of Birth (year/month/day)

Name: _____

Date of Birth (year/month/day)

Name: _____

3. If Corporation, show Alberta Corporate Access Number

4. Alberta Business Address / Location
(street address or legal description - do not use a box number)

Business Telephone Number
(include area code)

Business Fax Number
(include area code)

5. Mailing Address *(if different from the business address - Include a box number, if applicable)*

6. Name of Applicant *(last, first, initial)*

Official Title *(for business, if applicable)*

Date of Birth *(year/month/day)*

Telephone Number
(include area code)

7. Business Address and Telephone Number of each Registered Office: *(attach an extra page if necessary)*

Telephone Number
(include area code)

8. In the past 10 years, has the applicant, any of the partners, directors or officers of the Partnership or Corporation, in Alberta or elsewhere:

- | | Yes | No |
|--|--------------------------|--------------------------|
| a) been convicted of an offence (excluding traffic violations) under any criminal law or other law in force for which a pardon has not been granted? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) been the subject of bankruptcy or receivership proceedings? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) been the subject of a court judgement or writ, or failed to satisfy a judgement or writ? | <input type="checkbox"/> | <input type="checkbox"/> |
| d) had a business licence or registration refused, suspended or cancelled? | <input type="checkbox"/> | <input type="checkbox"/> |
| e) had a surety bond refused or cancelled? | <input type="checkbox"/> | <input type="checkbox"/> |
| f) held a business licence or operated a business? | <input type="checkbox"/> | <input type="checkbox"/> |
| g) been engaged in any business as an owner, partner or director which has been subject to an action under the Unfair Trade Practices Act or the Fair Trading Act? | <input type="checkbox"/> | <input type="checkbox"/> |

If the answer is Yes to any of these questions, please provide complete details *(attach a separate sheet if necessary)*:

9. If the Sole Proprietor or any members of the partnership are not Canadian citizens, attach copies of work permits and statements regarding length of residency.

Check to show copies are attached.

10. The agency must submit the prescribed Auditor's Report to the Director within 120 days after the agency's fiscal year end.

Please provide the fiscal year end of the agency: month day

AUTHORIZATION FOR CRIMINAL RECORD CHECK

To be completed by all partners, directors or officers other than the applicant:

I authorize the Director or his designate to obtain a criminal record check during the time of application, or period of licence granted pursuant to this application and any renewals:

Name (please PRINT)	Date of Birth (year/month/day)	Signature

NOTE: A Credit Bureau check may be done in conjunction with this application.

WARNING: A false declaration constitutes a criminal offence and is punishable by law. Any application containing false material may result in the refusal, suspension or cancellation of the licence.

I authorize the Alberta Government to undertake a criminal record check in connection with this application and any renewals.

Signature of Applicant

STATUTORY DECLARATION

I solemnly declare that the information provided by me on this application is true, and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

DECLARED before me at the City of

_____, Alberta,

dated _____.



Signature of Applicant
(must be signed by a person authorized to sign on behalf of the business)

Date

A Commissioner for Oaths in and for the Province of Alberta

Name of Commissioner (please PRINT)

Expiry Date

I understand that to complete and verify the information provided in this form, the Alberta Government may consult with other government regulators and law enforcement agencies in Canada, as well as former and current employers, and may collect additional relevant information.

I also understand that the information collected pursuant to this application, and in relation to my conduct as a licensee under the Fair Trading Act of Alberta, may be shared with regulating authorities in other jurisdictions in Canada. Such information may be used in determining my licence status in all jurisdictions in which I am licensed, or have applied to be licensed, to engage in collection practices.

I consent to the collection and use of all this information.

Signatures of Applicant, Partners, Directors and Officers:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

This information is being collected for the purposes of applying for a Collection or Debt Repayment Agency Licence in accordance with the Fair Trading Act. Questions about the collection of this information can be directed to the Alberta Government, Director of the Fair Trading Act, 3rd Floor, Commerce Place, 10155 - 102 Street, Edmonton, Alberta T5J 4L4, 427-5210 (Outside of Edmonton, call 310-0000 to be connected toll free).