



**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

Debt Collector or Bailiff  
Employee Application

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.

1. Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Last name) (Middle names) (First name) YYY Y MM DD

2. You may use an alias, but must only use the name you indicate here: \_\_\_\_\_  
(Alias Last) First Middle Name)

3. Home Address: \_\_\_\_\_ Postal/Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
No., Street., Apt. City Prov/State

4. Licence Type:  Bailiff  Bailiff/Collector  Collector (Phone/written Collections)  Collector (In-person collections)

	Yes	No
5. Have you previously held a collector or bailiff licence in British Columbia? .....	<input type="checkbox"/>	<input type="checkbox"/>

6. Have you completed the Debt Collector Examination? .....	<input type="checkbox"/>	<input type="checkbox"/>
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If yes, what score did you achieve? \_\_\_\_\_ % A Certificate of Achievement must be included with this application

7. Have you had a collector or bailiff licence suspended or cancelled by a Licensing Authority? .....	<input type="checkbox"/>	<input type="checkbox"/>
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8. Have you been refused a collector or bailiff licence in British Columbia or elsewhere? .....	<input type="checkbox"/>	<input type="checkbox"/>
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9. Have you been convicted of an offence under the Criminal Code of Canada or any other statute? .....	<input type="checkbox"/>	<input type="checkbox"/>
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- If **YES** to questions 7 or 8 above, provide details on a separate sheet, including date(s), location(s), and by what Authority.
- ALL BAILIFF AND IN-PERSON COLLECTOR 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: <http://www.sterlingtalentsolutions.ca/Consumer-Protection-BC> and following the instructions for completion. (Please note, once complete a copy will be sent directly to Consumer Protection BC. For more information please visit our website <https://www.consumerprotectionbc.ca/component/content/article/163-about-cpa/general/1359-criminal-record-check>)
- ALL BAILIFF AND IN-PERSON COLLECTOR APPLICANTS** that do not reside in Canada **MUST** submit a certified criminal record check from their home jurisdiction.

**Please note**, criminal record checks are not required for "telephone only" debt collectors.

Your application will not be processed until the criminal record check is received

### EMPLOYEE DECLARATION

I declare that:

- I am the applicant in this application, which I have signed; and
- I hereby apply for my Collector or Bailiff licence under the *Business Practices and Consumer Protection Act* of British Columbia. I confirm that the information contained in this application is true and correct;
- I have read the *Business Practices and Consumer Protection Act* and the Debt Collection and Repayment Regulation;

Signature \_\_\_\_\_ Print Name: \_\_\_\_\_

Email address: \_\_\_\_\_ Date: \_\_\_\_\_

## EMPLOYER DECLARATION

The foregoing application is hereby recommended. Dated this \_\_\_\_\_ day of \_\_\_\_\_  
(Date) (Month) (Year)

\_\_\_\_\_  
Authorized Signing Officer of Collection/Bailiff Agency

\_\_\_\_\_  
Agency Name (As licensed)

\_\_\_\_\_  
Agency licence#

\_\_\_\_\_  
Print Name and Title of Signing Officer

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

\_\_\_\_\_  
Business location where collector will be licensed

(Street Address, Suite, City, Province/State, & Postal/Zip Code)

## APPLICATION FEE ([see current fee schedule](#))

Pay by cheque or money order, or

Pay by Credit Card – complete [credit card authorization form](#) using Visa, Mastercard or American Express.

Application fees are non-refundable. A service charge will be applied for any dishonoured payments.

Send completed application form, applicable attachments and application fee by mail or by email.

**Email** [operations@consumerprotectionbc.ca](mailto:operations@consumerprotectionbc.ca)

**Mail** Consumer Protection BC  
PO Box 9244  
Victoria, BC V8W 9J2

**Courier** Consumer Protection BC  
321-3600 Uptown Blvd  
Victoria, BC V8Z 0B9

**INCOMPLETE APPLICATIONS WILL BE RETURNED UNPROCESSED**