

 <b>Newfoundland Labrador</b> GOVERNMENT OF NEWFOUNDLAND AND LABRADOR Service NL	<b>APPLICATION COLLECTION AGENCY LICENCE COLLECTIONS ACT</b>	<b>FOR OFFICE USE ONLY</b>
		Receipt No.
		Receipt Amount
		Tracking No.
		Effective Date

TYPE OF BUSINESS:       CORPORATION                       PARTNERSHIP                       SOLE PROPRIETOR

PLEASE PRINT

**CORPORATION OR PARTNERSHIP**

Legal Name of Business
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**SOLE PROPRIETOR**

Last Name	First Name	Middle Name(s)
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**BUSINESS OPERATING/TRADE NAME (IF APPLICABLE)**

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**CONTACT PERSON/ DESIGNATED REPRESENTATIVE**

Last Name	First Name	Middle Name(s)
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**MAILING ADDRESS OF BUSINESS**

Street Name and No., P.O. Box, R.R. No.		
City/Town	Province	Postal Code
Telephone No.	Fax No.	E-Mail Address
Website Address		

**ADDRESS FOR SERVICE IN NEWFOUNDLAND AND LABRADOR**

Street Name and No., P.O. Box, R.R. No.		
City/Town	Province	Postal Code
Telephone No.	Fax No.	E-Mail Address
Contact Person		

Attach a list of any branch offices in the Province: <input type="checkbox"/> Yes <input type="checkbox"/> No                      Number of Offices: _____
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**BOND INFORMATION (ATTACH ORIGINAL BOND)**

<b>Bond Amount</b>	<b>Bond Number</b>	<b>Bonding Company</b>

**PERSONAL INFORMATION (TO BE COMPLETED BY A SOLE PROPRIETOR AND THE DESIGNATED REPRESENTATIVE FOR A CORPORATION OR PARTNERSHIP)**

<b>Residence Mailing Address</b>	<b>City/Town</b>	<b>Province/State</b>	<b>Postal Code/Zip Code</b>
<b>Residence Telephone No.</b>	<b>Residence Fax No.</b>	<b>E-Mail Address</b>	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of Birth</b> Y        M        D	<b>Place of Birth</b>	<b>Social Insurance No. (Optional)</b>

**CRIMINAL RECORD SCREENING**

<b>Have you or any partners, officers, directors or contact persons for your business been charged with any criminal offence under any statute of Parliament in Canada in the past 5 years? If yes please attach particulars.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Have you or any partners, officers, directors or contact persons for your business been charged with any criminal offence under the law of any country, state or province in the past 5 years? (Include absolute discharge and conditional discharge.) If yes please attach particulars.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**ATTACHMENTS**

A copy of the most recent financial statements and auditor's report:             Yes     No

Sample copies of all forms of agreement, letters, instruments and documents which will be used in the collection of debts:     Yes     No

If these documents are not attached, please state when the documents are expected. (Note: Processing your application will be delayed pending the receipt of these documents)

**CERTIFICATION**

I \_\_\_\_\_ certify that I am the applicant, or an officer, director or partner of the applicant and am properly authorized to make this application; that all applicable municipal, provincial and federal laws shall be observed; that all the information given by me is true and complete and that I realize failure to provide full and true information may result in suspension or revocation of the licence.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME (PLEASE PRINT)