

1. Payee

Name: _____

Doing business as (if applicable): _____




Mailing Address: _____

Postal/Zip Code: _____

Phone: () _____ Cell: () _____

Fax: () _____

2. Authorization

- 
- 
- 

Payment & Reason: \$50 submission fee for application _____ by _____
 (Canadian Dollars) \$150 fee for appealing a Registrar's sanction
 Other: \$ _____ for _____

Credit Card Number: **Phone the Board office at (250) 953-3777 with your credit card number and expiry.**

Name of Card Holder: _____

Signature of Card Holder: _____

Date: _____

Processing Information (OFFICE USE ONLY)

Information Quoted: Yes No

Information: _____

Operator ID: _____

Transaction No.: _____

Transaction Date: _____

Processed By: _____