



Please complete all sections as indicated. Please print clearly.

| PART A – APPLICANT INFORMATION | | |
|--|-------------|---|
| Category of licence applied for <i>(check all that apply)</i> <input type="checkbox"/> Trading Services <input type="checkbox"/> Rental Property Management Services <input type="checkbox"/> Strata Management Services | | BCFSA Use Only File Number Approval date Approved by Cond/Restrictions |
| Full legal name of brokerage | | |
| Trade name, if any, of the brokerage | | |
| Branch office address – Suite #/ Street Address | | |
| City, Province | Postal code | Please indicate whether this is a commercial or residential location |
| Phone number for that office <i>(include area code)</i> | | Fax number, if any, for that office <i>(include area code)</i> |
| Email address, if any, for that office | | |
| Mailing address for delivery <i>(this is the address BCFSA will use for mailing to the branch office notices required by the Real Estate Services Act). BCFSA will use the branch office address for delivery of these notices unless you provide a different mailing address in this space.</i> | | |
| Full name of each proposed managing broker for the branch office <i>(Note: each proposed managing broker must complete a separate Application for Representative, Associate or Managing Broker Licence form)</i> | | |

| PART B – AUTHORIZATION | | |
|--|-----------|------------------|
| Signature of managing broker, director, officer or partner of brokerage | | |
| Name of applicant | Signature | Dated MM/DD/YYYY |
| Title or position | | |

| | |
|--|--|
| Mailing Address BC Financial Services Authority 600-750 West Pender Street Vancouver, B.C. Canada V6C 2T8 | Enquiries Tel: 604.660.3555 Toll-free: 1.866.660.3365 Fax: 604.660.3365 www.bcfsa.ca licensing@bcfsa.ca |
|--|--|

PRIVACY NOTICE

BCFSA collects, uses and discloses your personal information in accordance with the Freedom of Information and Protection of Privacy Act and other applicable legislation.



Freedom of Information and Protection of Privacy Act (FOIPPA)

The information requested on this form is collected under the authority of section 26(c) of the *Freedom of Information and Protection of Privacy Act*. The information is collected for the purpose of processing your payment. If you have any questions about the collection or use of this information, please contact the Privacy Officer at 604-660-3555, 600-750 West Pender Street, Vancouver, B.C. V6C 2T8.

Note: Please use a separate form for each applicant. Partial payments will not be accepted.

| |
|-------------------|
| Name of licensee |
| Name of brokerage |

FEES AND RELATED ASSESSMENTS

Individual Fees

- \$2000 First time Licensing Application
- \$2000 Re-licensing Application (unlicensed for more than 90 days from licence expiry)
- \$1650 Licensing Renewal Application
- \$1700 Late Renewal (unlicensed less than 90 days from licence expiry)
- \$250 Licence Transfer or Reinstatement Application
- \$250 Personal Real Estate Corporation Transfer
- \$250 Change of Licence Level or Category
- \$50 Individual Name Change
- \$1000 \$950 Renewal Secondary Managing Broker Licence Application
- \$_____ Pro-rated licensing fee for Personal Real Estate Corporation (see www.bcfsa.ca for fees)

Brokerage Fees

- \$2200 \$1650 Renewal Licensing Application – Brokerage
- \$1000 \$950 Renewal Licensing Application – Branch Office
- \$250 Change of Licence Level or Category
- \$50 Name or Address Change

Other Fees

- \$_____ (describe)_____

CREDIT CARD INFORMATION

| | | |
|------------------------------|----------------------|-----------------|
| Credit card # | Expiry date MM/YY | |
| Name on card (PRINT CLEARLY) | Cardholder signature | Date MM/DD/YYYY |

Note: Licence fees and Compensations Fund assessments are not refundable after licence issuance. If the licence is surrendered in the first year of the two year licensing period, a refund of the second year errors and omissions insurance premium is available. If an application is withdrawn for any reason prior to licence issuance, the application fee will not be refunded.

FOR OFFICE USE ONLY PLEASE DO NOT WRITE IN THIS SECTION

| | | |
|--------|--------------|-----------|
| Amount | Card Auth. # | Licence # |
| Rec. # | Date | |