



Consumer Services Section
Department of Justice and Public Safety
Province of Prince Edward Island
P.O. Box 2000 Charlottetown, P.E.I. CIA 7N8
Telephone: 902-368-4550 or 1-800-658-1799

APPLICATION FOR COLLECTION AGENCY LICENSE

(Pursuant to the *Collection Agencies Act* R.S.P.E.I. 1988, Cap. C-11)

1. Name of Applicant: _____

2. Address of Applicant _____

for service Prince Edward Island: _____

3. Telephone Number: _____

4. Jurisdiction where business incorporated or otherwise found

5. Indicate with an "X" whether applicant is:
 a corporation _____ a sole proprietorship _____ a partnership _____ other (specify) _____

6. If applicant is a corporation, names and addresses of officers are:

President _____
 Address _____

Vice-President _____
 Address _____

Secretary-Treasurer _____
 Address _____

Provide list of additional officers, if any, on a separate sheet.

7. If applicant is a partnership, attach a list of the names and addresses of all partners.

8. Has applicant ever applied for a collection agency license before? Yes _____ No _____

9. Has applicant ever been refused a license, or has it ever had its license suspended or cancelled in any province or other jurisdiction? Yes _____ No _____

10. Will applicant be engaged, occupied or employed in any business other than a collection agency?
 Yes _____ No _____

If yes, please provide details

11. Name and address of the Canadian financial institution where the trust account, required by section 9 of the Act is maintained.

Name _____

12. Are there any unpaid judgments against the applicant, its partners or directors?

Yes _____ No _____ If yes, please provide details

Signed on behalf of the applicant

Signature _____ Date _____

AFFIDAVIT

I, _____, of _____

in the Province of _____

MAKE OATH AND SAY (OR AFFIRM) AS FOLLOWS:

1. THAT I am one of the applicants or a partner or officer of one of the applicants named in the annexed application for a Collection Agency License and have a full knowledge of the facts set out in the said application.
2. THAT the statements and allegations contained in the annexed application are true and correct according to the best of my knowledge, information, and belief.

SWORN (OR AFFIRMED) before me at _____

in the Province of _____

on the _____ day of _____ 20_____

Signature of Applicant

A COMMISSIONER FOR TAKING AFFIDAVITS (OR AS MAY BE)

Please complete and return application with the license fee of \$600 for a 2 year period, payable to the Minister of Finance.

PRIVACY STATEMENT

Personal information on this form is collected under *Section 31(c) of the Freedom of Information and Protection of Privacy Act* as it relates directly to and is necessary to assess your suitability and continued fitness for licensing. If you have any questions about this collection of personal information you may contact the Consumer, Labour and Financial Services, Prince Edward Island Department of Justice and Public Safety, (902) 368-4550