

 Newfoundland Labrador GOVERNMENT OF NEWFOUNDLAND AND LABRADOR Department of Government Services	APPLICATION CONSUMER REPORTING AGENCY LICENCE CONSUMER REPORTING AGENCIES ACT	FOR OFFICE USE ONLY
		Receipt No.
		Receipt Amount
		Tracking No.
		Effective Date

TYPE OF BUSINESS: CORPORATION PARTNERSHIP SOLE PROPRIETOR

PLEASE PRINT

CORPORATION OR PARTNERSHIP

Legal Name of Business

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

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MAILING ADDRESS OF BUSINESS

Street Name and No., P.O. Box, R.R. No.			
City/Town	Province/State		Postal Code/Zip Code
Business Telephone No.	Business Fax No.	E-Mail Address	Business Registration No. (if applicable)

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		

CRIMINAL RECORD SCREENING

Have you or any partners, officers, directors or contact persons for your business been charged with any criminal offence under any statute of the Parliament of Canada in the past 5 years? If Yes, please attach particulars.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any partners, officers, directors or contact persons for your business been convicted or found guilty of an 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No

PERSONAL INFORMATION (TO BE COMPLETED BY A SOLE PROPRIETOR AND THE CONTACT PERSON FOR A CORPORATION OR PARTNERSHIP.)

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

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)