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Alberta

RETURN THIS FORM TO:

Service Alberrta
North Field Services
3B Commerce Place
10155 102 Street
Edmonton AB T5J 4L4

OR

Service Alberta
South Field Services
301 7015 Macleod Trail
Calgary AB T2H 2K6

Application for a Licence

Fair Trading Act

☐ **Collector's**
☐ **Debt Repayment Agent's**

APPLICANT INFORMATION

1.	Name of Applicant *(last, first, initial)*			
2.	Name That You Are Known by (if different than #1)		3. Date of Birth *(year, month, day)*	
4.	Name of the Licensed Agency for whom you will be working			
5.	Alberta Address of the Agency *(street address or legal land description)*	*City / Town*	*Province*	*Postal Code*
6.	Telephone Number of Agency *(include area code)*	7. Fax Number of Agency *(include area code)*		

8. In the past 10 years, has the applicant, in Alberta or elsewhere:

	Yes	No
a) been convicted of an offence (excluding traffic violations) under any criminal or other law in force for which a pardon has not been granted?	☐	☐
b) been known by another name?	☐	☐
c) been the subject of a court judgement or writ, or failed to satisfy a judgement or writ?	☐	☐
d) had a collector's or debt repayment agent's licence refused, suspended or cancelled?	☐	☐
e) been licensed as a collector or debt repayment agent?	☐	☐

If the answer is Yes to any of these questions, please provide complete details *(attach a separate sheet if necessary)*:

WARNING: A false declaration constitutes a criminal offence and is punishable by law. Any application containing false material may result in the refusal, suspension or cancellation of the licence.

I authorize the Alberta Government to undertake a criminal record check in connection with this application and any renewals.

_____
Signature of Applicant

STATUTORY DECLARATION

I, _____ ,solemnly declare that the information provided by me on this application is true, and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

DECLARED before me at the City of

_____, Alberta,

dated _____, _____.

_____ _____ _____
Signature of Applicant Date

_____ _____ _____
A Commissioner for Oaths in and for the Province of Alberta Name of Commissioner (please PRINT) Expiry Date

I understand that to complete and verify the information provided in this form, the Alberta Government may consult with other government regulators and law enforcement agencies in Canada, as well as former and current employers, and may collect additional relevant information.

I also understand that the information collected pursuant to this application, and in relation to my conduct as a licensee under the Fair Trading Act of Alberta, may be shared with regulating authorities in other jurisdictions in Canada. Such information may be used in determining my licence status in all jurisdictions in which I am licensed, or have applied to be licensed, to engage in collection practices.

I consent to the collection and use of all this information.

_____
Signature of Applicant

FOR COMPLETION BY AN AUTHORIZED OFFICIAL OF THE AGENCY

The applicant commenced employment on *(year/month/day)* _____

and will be authorized to act as a ☐ collector **OR** ☐ debt repayment agent

when the licenced is issued.

_____
Signature of Authorized Official of Agency

_____
Date

This information is being collected for the purposes of applying for a Collector's or Debt Repayment Agent's Licence in accordance with the Fair Trading Act. Questions about the collection of this information can be directed to the Alberta Government, Director of the Fair Trading Act, 3rd Floor, Commerce Place, 10155 - 102 Street, Edmonton, Alberta T5J 4L4, 427-5210 (Outside of Edmonton, call 310-0000 to be connected toll free).

SA0047 (2006/03)

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