

Telephone: 250 952-7976
www.bcregistryservices.gov.bc.ca

Mailing Address: PO Box 9431 Stn Prov Govt
Victoria BC V8W 9V3

Location: 2nd Floor – 940 Blanshard Street
Victoria BC

INSTRUCTIONS:

- **You must attach a current tax certificate with this application.**
- An Exemption Order cannot be issued until all encumbrances filed in the Personal Property Registry have been discharged or a written consent from each lender is filed.
- There is no fee for this application.
- All registered owners must sign the application. Attach an additional sheet if more space is required.

Freedom of Information and Protection of Privacy Act (FOIPPA) – Personal information provided on this form is collected, used and disclosed under the authority of the FOIPPA and the *Manufactured Home Act* for the purposes of assessment. Questions regarding the collection, use and disclosure of personal information can be directed to the Executive Coordinator of the BC Registry Services at 250 356-1198, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3.

A MANUFACTURED HOME INFORMATION – Attach an additional sheet if more than two registered owners.

Full name of registered owner

Full name of registered owner

DESCRIPTION OF MANUFACTURED HOME
REGISTRATION NO.

MAKE/MODEL

LOCATION OF MANUFACTURED HOME
STREET NO. STREET NAME

CITY / TOWN / VILLAGE / MUNICIPALITY

PROVINCE

POSTAL CODE

LEGAL DESCRIPTION OF LAND OR PARK NAME AND PAD NO.

B DECLARATION

YYYY / MM / DD

I/We declare that after _____ the manufactured home was no longer used for Residential Purposes.

Complete 1. or 2. not both.

Please check (✓) **ONLY ONE** box below to indicate what has happened to the manufactured home, or, what it is now used for:

1. Indicate what happened to the home:

BURNT DISMANTLED DILAPIDATED OTHER (please specify): _____

-OR-

2. The home is presently used as:

OFFICE STORAGE SHED BUNKHOUSE OTHER (please specify): _____

C DELIVERY ADDRESS FOR EXEMPTION ORDER

Under section 21 of the *Manufactured Home Act*, the registered owner(s) request that an Exemption Order be issued and sent to:
NAME

MAILING ADDRESS

CITY

PROVINCE

POSTAL CODE

D SIGNATURE OF REGISTERED OWNER(S)

All owners must sign the application – Please attach an additional sheet if more space is required

SIGNATURE OF HOME OWNER

DATE SIGNED
YYYY / MM / DD

SIGNATURE OF HOME OWNER

DATE SIGNED
YYYY / MM / DD

X

X

E WITNESS INFORMATION

FIRST NAME

MIDDLE NAME

LAST NAME

OCCUPATION

STREET ADDRESS

CITY

PROVINCE

SIGNATURE OF WITNESS

DATE SIGNED

YYYY / MM / DD

X