

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

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.

Instructions:

- Submit two copies of the completed, signed form with any additional sheets, proof of insurance and proof of registration in BC to the address below:
- Additional sheets may be added to the form if more space is required for your response.
- Further details of the application process and requirements for qualified suppliers can be found at the BC Registry Services website:

BC Registry Services

Location : 2nd Floor, 940 Blanshard Street
Victoria BC

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

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NAME OF APPLICANT – Firm or Individual

NAME OF CONTACT	TITLE OR POSITION IN FIRM
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CONTACT TELEPHONE NO. ()	CONTACT E-MAIL ADDRESS
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BUSINESS ADDRESS

DO YOU HAVE \$1,000,000 COMPREHENSIVE GENERAL LIABILITY OR EQUIVALENT INSURANCE? YES NO *If YES, attach proof of your insurance status to this form.*

ARE YOU REGISTERED IN BC? YES NO *If YES, attach proof of your registered status to this form.*

BC ONLINE ACCOUNT NAME

BC ONLINE ACCOUNT NO.	BC ONLINE USER ID
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Additional sheets may be added to the form if more space is required for your response.

Provide a summary of the knowledge, skills and experience of the applicant organization and key individuals with respect to:

A) BC MANUFACTURED HOME FILINGS

B) ELECTRONIC FILINGS

Provide a summary of your plans for document storage to demonstrate your ability to meet the document storage and retrieval requirements.

SIGNED BY

X

DATE SIGNED

YYYY / MMM / DD