**BC Registry Services**

BRITISH COLUMBIA

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| Telephone:  1 877 526-1526<br>**www.bcregistryservices.gov.bc.ca** | Mailing Address:  PO Box 9431 Stn Prov Govt<br>Victoria BC  V8W 9V3 | Location:  200 - 940 Blanshard Street<br>Victoria BC V8W 3E6 |

> ***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 1 877 526-1526, 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:

  BC Registry Services

  Location :  200-940 Blanshard Street
  Victoria BC V8W 3E6
  Mailing Address :  PO Box 9431 Stn Prov Govt
  Victoria BC V8W 9V3

- 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:

  **www.bcregistryservices.gov.bc.ca**

NAME OF APPLICANT –  Firm or Individual

| NAME OF CONTACT | TITLE OR POSITION IN FIRM |
|---|---|
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| CONTACT TELEPHONE NO.<br><br>(        ) | CONTACT E-MAIL ADDRESS |
|---|---|

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 | DATE SIGNED |
|---|---|
| X | YYYY / MMM / DD |