



**RELEASE OF INFORMATION**

I, \_\_\_\_\_, the duly authorized representative of \_\_\_\_\_,  
Representative name in CAPITAL LETTERS FLC name in CAPITAL LETTERS

agree to the release of information to the Employment Standards Branch from

WorkSafeBC,

the Insurance Corporation of British Columbia (ICBC),

the Royal Canadian Mounted Police (RCMP),

the Commercial Vehicle Safety and Enforcement (CVSE), and

the Superintendent of Motor Vehicles

for the purpose of administering and ensuring compliance with the *Employment Standards Act* and *Employment Standards Regulation*.

This information will be used for the initial licence evaluation process and subsequent monitoring, including licensing reviews and compliance investigations.

**Representative**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
yyyy / mm / dd

**Witness**

Signature: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_