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Victoria BC V8W 9V3

Courier Address: 200 - 940 Blanshard Street
Victoria BC V8W 3E6

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.

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