



INSTRUCTIONS:

Please complete this form to have a representative act on the organization's behalf before the Community Safety Unit. The Community Safety Unit will correspond and share information with regard to the organization with the named representative. The representative named in this form:

- must be 19 years of age or over; and
- will continue to have the authority described below until the Community Safety Unit receives written information from the organization of any change or amendment.

This form is for an organization authorizing a representative. For an individual authorizing a representative, please use the Authorization of Representative (Individual) form found on our website: www.gov.bc.ca/Community-Safety-Unit.

This form can be completed online and printed. Any questions about this form can be directed to the Community Safety Unit at 604-502-5493 (lower mainland) or 1-855-502-5494 (toll free).

Part 1: Organization Information

Type of Organization:

- Corporation
 Society
 Partnership

Legal Name of Organization
(Corporation, Partnership, Society, etc.)

Name and Title of Authorized Signatory

Telephone of Organization

Telephone of Authorized Signatory

Fax of Organization

Fax of Authorized Signatory

Email of Organization

Email of Authorized Signatory

Mailing Address of Organization

Mailing Address of Authorized Signatory

City

Province

Postal Code

City

Province

Postal Code

Community Safety Unit File Number

Part 2: Representative Information

Select one:

- Adding representative
 Amending representative contact information
 Removing representative



| | | | |
|--|--|-----------------|-------------|
| Name of Representative | | | |
| Telephone | | Fax | |
| Email | | | |
| Mailing Address | | City | Province |
| | | | Postal Code |
| Part 3: Consent for Release of Information and Authorization | | | |
| <p>The representative named above is authorized to act on behalf of the above-named organization before CSU. This authorization form is effective immediately and it replaces any previous authorization(s) submitted to CSU by the above-named organization.</p> <p>The undersigned is the authorized signatory of the above-named organization and has the legal authority and permission to bind the above-named organization. The undersigned agrees that information with regard to the above-named organization can be shared with the representative named above.</p> | | | |
| Signature of Authorized Signatory | | Date (mm/dd/yy) | |
| <p>The information requested on this form is collected by the Community Safety Unit under Sections 26(b) and (c) of the <i>Freedom of Information and Protection of Privacy Act</i> and will be used for the purpose of compliance and enforcement matters in accordance with the <i>Cannabis Control and Licensing Act</i>. Should you have any questions about the collection, use, or disclosure of personal information, please contact the Freedom of Information Officer at PO Box 9292 STN PROV GVT, Victoria, BC, V8W 9J8 or by phone toll free at 1-866-209-2111.</p> | | | |

Mail, email or fax this completed form to:

Director,
 Community Safety Unit
 PO Box 9060 Stn Main
 Surrey BC
 V3T 0N4

Email CSU@gov.bc.ca

Fax number 604-591-5611