

PBA Society of Canada

LICENSING APPLICATION FORM

Please provide as much information as possible to proceed with your application. Any documentation forwarded to the Association, that is not required, will be returned. Photocopies of documents are sufficient, unless otherwise requested. Please print or type the requested information.

Surname

Given Name

Middle Name or Initial

(This is how your name will appear on your Certificate - if you wish it to appear different than above, please indicate below. The association may vary between the Middle Name and Initial to fit the Certificate.)

Home Address

Business Address

Business Name

Please indicate if you are a:

Partner ____, Employee ____, Proprietorship__ or Corporation ____

How did you hear about us? _____

Status in Canada (citizen, resident, etc)_____

Where do you prefer to be contacted? Home Business

Cell Number (____) _____

Home Phone Number (____) _____

Business Phone Number (____) _____

Fax Number (____) _____

E-Mail address - Work _____

E-Mail address - Home _____

ACCOUNTING DESIGNATIONS AND DATE RECEIVED

OTHER DESIGNATIONS AND DATE RECEIVED

Have you ever been a Licensee of this Association? (Yes/No) _____

Reason for leaving, Dates, License Number _____

Does Errors & Omissions Insurance currently cover you? (Yes/No) _____

Insurance carrier: _____

Address: _____

Coverage Limits: _____

PHOTO ID: Please attach a copy of government issued photo identification such as your driver's licence, passport, Permanent Residency card or Landed Immigrant card.

FORMAL EDUCATION: Please provide a resume that includes all experience, education, etc. This resume is to be accompanied by transcripts (copies only please), certificates, diplomas, course studies, etc. Students – please provide confirmation of your full time studies enrollment in place of transcripts. PLEASE USE SEPARATE PAGES TO PROVIDE US WITH DATA.

CHARACTER REFERENCES: Please provide three character reference letters and complete the information below for these references (non-family). We require the name, address, occupation and contact numbers of the reference providers.

1. _____

2. _____

3. _____

BUSINESS EXPERIENCE

PRESENT OCCUPATION: _____

NUMBER OF YEARS EXPERIENCE IN ACCOUNTING: _____

PREVIOUS BUSINESS AND PROFESSIONAL EXPERIENCE: _____

Please provide a summary of any position held or experience gained, which would be necessary to establish eligibility in our Association. Please attach additional pages if necessary.

SUPERVISORY POSITION HELD: _____

NUMBER OF EMPLOYEES SUPERVISED/MANAGED: _____

PLEASE RELATE ANY OTHER INFORMATION THAT YOU FEEL WOULD BE OF VALUE TO THE ASSOCIATION IN ASSESSING YOUR APPLICATION:

If necessary, attach an additional sheet.

Have you, any partner, employee or associate have any charges pending or ever been convicted of an offense punishable by indictment, or been successfully sued in a civil action relating to fraud? PLEASE PROVIDE A COPY OF A CRIMINAL RECORD CHECK WITHIN THE PAST 3 MONTHS.

(Yes/No) _____

Have you ever been disciplined, suspended, disqualified or censured by a professional organization?

(Yes/No) _____

Have you ever been denied or have had revoked any license or permit, the procurement of which required good moral character?

(Yes/No) _____

Have you ever been adjudged in any legal proceedings with bankruptcy, insolvency or ever filed a voluntary petition of bankruptcy?

(Yes/No) _____

Are there any outstanding civil judgments against you or any actions outstanding against you?

(Yes/No) _____

Have you, at any time, not obeyed any Order of the Court requiring you to do or abstain from doing any action?

(Yes/No) _____

Is there, to your knowledge or belief, any event, circumstance, condition or matter not disclosed in your replies to the foregoing questions, that touches on or may concern your conduct, character and reputation, and that you know is or believe might be thought to be an impediment to your being granted a designation as an PBA or warrant further enquiry by the PBA Society?

(Yes/No) _____

Have you ever been refused designation as a PBA or any other association?

(Yes/No) _____

If the answer to any of the above is yes, please attach full details on a separate sheet.

APPLICATION FEE

The application fee must be submitted with your application. This fee will not be refunded if the individual is not granted a license.

Application Fee - \$100.00 plus applicable taxes.

***Please note this is not applicable to student licensing applications**

Please make your cheque or money order payable to PBA Society. We also accept credit cards through PayPal.

TYPE OF LICENSE APPLYING FOR

PBA License (an applicant that does meet all the requirements)_____

Associate License (an applicant that does not meet all of the requirements)_____

Student License (an applicant enrolled in full time studies)_____

AUTHORIZATION

I HEREBY GRANT THE PBA Society full authority to make enquiry from any authority, individual or corporation, with regard to any criminal record or with regard to any of the matters referred to in this application, and I hereby authorized all persons enquired or pursuant to this application, to provide all information requested. I agree to abide by the Bylaws, Policies and Code of Ethics of the PBA Society, should I be accepted.

By signing the attached declaration, I hereby authorize the use of all information provided in this application by the Association for its internal needs.

DECLARATION OF APPLICANT AND WITNESS

I, _____, the applicant in the above application for designation as a PBA, Associate or Student, DO SOLEMNLY DECLARE, that the statements contained herein are complete and true in every respect.

I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Signed before me at _____

In the Province of _____

This _____ day of _____ 20____

Signature of Applicant

Signature - Witness

Name - Witness

FOR ASSOCIATION USE (DO NOT WRITE IN THIS AREA)	
PBA CONTROL # _____	
Licensing sign-off _____	Date _____
Education sign-off _____	Date _____
Admission sign-off _____	Date _____

AUTHORIZATION TO RELEASE INFORMATION FORM (INSURANCE POLICIES)

Licensee Name: _____

Licensing Number: _____

I hereby authorize the PBA Society to obtain proof of Errors & Omissions coverage and status updates from my insurer(s).

The records provided will be used to verify the ongoing E&O coverage requirements for PBA designated Licensees' and assist with compliance.

I understand that my authorization will remain effective from the date of my signature until I am no longer a PBA Licensee, and that the information will be handled confidentially in compliance with all applicable laws.

I understand that I may see the information sent, and that I may revoke the authorization at any time by written, dated communication. I have read and understand the nature of this release.

Dated _____

Signature of Licensee _____

Address:

Signature of witness _____

Address:

AUTHORIZATION TO RELEASE INFORMATION FORM (WEBSITE CONTENT)

The PBA Society of Canada website homepage is open to the public for contacting a PBA for business and advertising purposes.

I, _____ do hereby give my consent to the PBA Society, to have my contact information appear on the "Find a PBA" section of www.pba-canada.org.

Date _____

Signature _____

Please fill in your information as you would like it publicly listed if applicable:

Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Phone: _____

Fax: _____ Email: _____

Company name: _____