

OFFICE OF THE ATTORNEY GENERAL
Consumer, Corporate and Insurance Services
P. O. Box 2000, Charlottetown, PE C1A 7N8
Tel: 902 368 4550 Fax: 902 368 5283

APPLICATION FOR REGISTRATION AS A PERSONAL INFORMATION INVESTIGATOR

The undersigned applies to the Registrar for registration as a personal information investigator under the Consumer Reporting Act and in support of this application gives the following information:

1. Name of Applicant (in full)

Address of residence (giving street, number and municipality)

Address for service (if different from above)

Telephone Number

2. Name of prospective employer

Address

3. Place of resident (during the three years immediately prior to the date of this application)

Address in full

Period of residence

4. Age of applicant:
5. Will you be engaged or employed in any business, occupation or profession other than a personal information investigator? Yes () No () If yes, give full particulars.
6. Business record of the applicant during the past three years.
7. Have you ever been convicted under any law of any country or state or province thereof of a criminal offence or are there any proceedings now pending. Yes () No () If yes, give full particulars.
8. Are you
- a) a discharged or undischarged bankrupt; or
 - b) presently a party to bankruptcy proceedings, or have you ever been involved as an officer or director or majority shareholder with a corporation that is bankrupt or that is presently a party to bankruptcy proceedings? Yes () No () If yes, give full particulars including dates.
9. Is there any unpaid judgement(s) outstanding against you? Yes () No () If yes, give full particulars.
10. Have you ever been licensed or registered as a personal information investigator anywhere, including the Province of Prince Edward Island? Yes () No () If yes, give full particulars.

11. Has any license or registration of any kind been refused you or suspended or cancelled? Yes () No () If yes, give full particulars.

12. Have you ever been expelled or suspended from any professional association, society or organization? Yes () No () If yes, give full particulars.

13. The applicant asks for registration for the period ending on the 31st day of May, 20 .

DATED AT _____ this _____ day of _____ 20 _____ .

Name of Applicant

By

Signature of Applicant, Partner or
Corporation Official

Official Capacity