



College of Pharmacists  
of British Columbia

## PHARMACY LICENSURE DECLARATION – PROOF OF ELIGIBILITY EXEMPTION

I, \_\_\_\_\_, an authorized representative  
First name Last name

of the direct owner, \_\_\_\_\_, declare that the following  
Organization name

indirect owner(s) is under the age of 19 and is exempted from submitting his/her Proof of Eligibility thereof

required for the  *New Pharmacy Licence* /  *Pharmacy Licence Renewal* /  *Pharmacy Licence Reinstatement*  
/  *Change of Direct Owner* /  *Change of Indirect Owner* application.

Legal Name	Date of Birth	Shareholder of (Corporation Name)

I understand that I will have to continue submitting this declaration form each year as part of the *Pharmacy Licence Renewal* application until the person(s) above turns 19 years old.

I declare the facts set out herein to be true. I understand that providing false or misleading information could result in a referral to the Inquiry Committee or Application Committee.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signed Date

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Registration Number/eServices ID

The College collects the personal information on this application form to process the application and administer the College's related activities. The collection is authorized by the Pharmacy Operations and Drug Scheduling Act, Health Professions Act, and Freedom of Information and Protection of Privacy Act. Should you have any questions about the collection, please contact the College's Privacy Officer at 604-733-2440 or 1-800-663-1940 or [privacy@bcpharmacists.org](mailto:privacy@bcpharmacists.org)