



College of Pharmacists  
of British Columbia

# APPLICATION FOR PHARMACY LICENCE REINSTATEMENT

Community

**Form 3A**

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## 1. PHARMACY INFORMATION

<b>Operating Name</b>	<b>Pharmacy Licence Expiry</b>	<b>Pharmacy Licence Number</b>	
<b>Pharmacy Address</b>	<b>City</b>	<b>Province</b> BC	<b>Postal Code</b>
<b>Email Address</b>	<b>Phone Number</b>	<b>Fax Number</b>	
<b>Website</b>	<b>Manager Name</b>	<b>Manager Registration Number (BC)</b>	

## 2. DIRECT OWNER INFORMATION

### Type of Ownership

- Corporation*:  Non-Publicly Traded OR  Publicly Traded  
 "Name of Company" on incorporation documents: \_\_\_\_\_  
 BC Incorporation Number: \_\_\_\_\_ Incorporation Date: \_\_\_\_\_
- Sole Proprietorship (Single pharmacist, unincorporated)*  
 Pharmacist's legal name: (First name) \_\_\_\_\_ (Last name) \_\_\_\_\_ Registration number (BC): \_\_\_\_\_  
 Registered business name (if applicable): \_\_\_\_\_
- Partnership of Pharmacists (≥2 pharmacists, unincorporated)*: Total number of partners: \_\_\_\_\_  
 Each pharmacist's full legal name and registration number (BC): \_\_\_\_\_  
 Registered business name (if applicable): \_\_\_\_\_
- Other – Specify*: \_\_\_\_\_

## 3. APPLICANT (DIRECT OWNER) INFORMATION

<b>Name of Authorized Representative</b>	<b>Position/Title of Authorized Representative</b>	
<b>Email Address</b>	<b>Phone Number</b>	<b>Fax Number</b>
<b>Signature</b>	<b>Date</b>	
	MMM	DD   YYYY

The College collects personal information on this application form to process the application and administer the College's related activities. The collection of this information is authorized under section 26(c) of the *Freedom of Information and Protection of Privacy Act* (the Act). The College is authorized to use this information as per section 32(a) of the Act and may also disclose information in other circumstances when authorized by the Act or other legislation. Further information regarding the collection, use and disclosure of personal information can be found in the privacy policy posted on the College website: <https://www.bcpharmacists.org/privacy>. Should you have any questions about the collection, use or disclosure of this information, please contact our Privacy Officer at: [privacy@bcpharmacists.org](mailto:privacy@bcpharmacists.org) or 778-330-0969.



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## 4. PAYMENT INFORMATION

**Operating Name**  
(Auto-populate)

**Method of Payment:**     Cheque/Money order (*payable to College of Pharmacists of BC*)     VISA     MasterCard

**Card Number**

**Expiry Date (MM/YY)**

Reinstatement fee                    \$ 791.00

Licence fee                            \$ 2474.00

GST                                        \$ 163.25

**Total**                                    **\$ 3428.25**

**Cardholder Name**

GST #

**Cardholder Signature**

R106953920

All fees are non-refundable.

**For office use ONLY**

iMIS ID: \_\_\_\_\_ Finance stamp:

Lic initials: \_\_\_\_\_

Date to Finance: \_\_\_\_\_