



This form must be completed by an Authorized Representative of the Direct Owner/Pharmacy. Information in this form will be provided to the College's Application Committee when reviewing your pharmacy application. Note that completion of this form does not waive any applicable administrative fee.

1. PHARMACY INFORMATION		
Current Operating Name	Store #/Identifier (if applicable)	Pharmacy Licence Number

2. DIRECT OWNER INFORMATION	
Direct Owner's Name	Type of Ownership <input type="checkbox"/> Corporation: <input type="checkbox"/> Non-Publicly Traded <input type="checkbox"/> Publicly Traded <input type="checkbox"/> Other – Specify: _____

[?] Click on the link for more information

3. PHARMACY APPLICATION INFORMATION			
Type of Pharmacy Application Submitted <input type="checkbox"/> Pharmacy Licence Renewal <input type="checkbox"/> Change of Direct Owner <input type="checkbox"/> Change of Indirect Owner <input type="checkbox"/> Change of Manager			
Current Pharmacy Licence Expiry Date MMM DD YYYY	Change Effective Date (leave blank if N/A) MMM DD YYYY	Deadline to Submit All Requirements MMM DD YYYY	Anticipated Date of Obtaining the Outstanding Requirement(s) MMM DD YYYY

Reason(s) for Requesting an Extension
I am unable to submit one or more requirements before the deadline:

BC Company Summary from: (Corporation Name) _____ (Direct Owner Parent Company)

Central Securities Register from: (Corporation Name) _____ (Direct Owner Parent Company)

Notice of Change of Directors from: (Corporation Name) _____ (Direct Owner Parent Company)

Attestation from: (Person's Name) _____ (Manager Indirect Owner)

Criminal Record History from: (Person's Name) _____ (Manager Indirect Owner)

PIC-VS from: (Person's Name) _____ (Manager Indirect Owner)

Other – please specify: _____

Provide the reason(s) for the delay in obtaining the outstanding requirement(s) and the steps you have taken[¶]:

Other information for the Application Committee to consider[¶]:

[¶] Attach a separate page if more space is needed

4. APPLICANT (DIRECT OWNER) INFORMATION		
Name of Authorized Representative	Position/Title of Authorized Representative	Email Address
Signature	Date MMM DD YYYY	

The College of Pharmacists of BC ("College") collects, uses, discloses, stores, and retains personal information in compliance with the Health Professions Act (HPA), the Pharmacy Operations and Drug Scheduling Act (PODSA), and the Freedom of Information and Protection of Privacy Act (FIPPA). The personal information you provide when completing and submitting this form is being collected and will be used by the College to carry out its mandate under the HPA in the public interest. The collection of this personal information is permitted under section 26(c) and (e) of FIPPA. If you have any questions or concerns about the College's privacy practices, please contact the College's Privacy Officer: privacy@bcpharmacists.org or 604.733.2440.