



EXTENSION REQUEST
For Application Committee

L-Form 14

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This form must be completed by an Authorized Representative of the Direct Owner/Pharmacy. Information in this form will be provided to the 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
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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: _____
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[?] Click on the link for more information

3. PHARMACY APPLICATION INFORMATION

Type of Pharmacy Application Submitted

Pharmacy Licence Renewal Change of Direct Owner Change of Indirect Owner Change of Manager

Current Pharmacy Licence Expiry Date	Change Effective Date (leave blank if N/A)	Deadline to Submit All Requirements	Anticipated Date of Obtaining the Outstanding Requirement(s)
MMM DD YYYY	MMM DD YYYY	MMM DD YYYY	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 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 or 778-330-0969.