

Non Residents must attach a letter of good standing from all other jurisdictions they are currently licensed in.
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Renewal Fees • Renewal Fees \$50.00

1. Name:
Name: _____
2. Resident: _____ Non-Resident: _____
Resident: _____ Non-Resident: _____
3. Business address:
Business address: _____
4. Phone number:
Phone number: _____
5. Employed by:
Employed by: _____
6. Additional training acquired during the past licensing year;
Additional training acquired during the past licensing year;
- | Course | Dates of training |
|--------|-------------------|
| Course | Dates of training |
| _____ | _____ |
| _____ | _____ |
7. List all jurisdictions you are currently licensed in
List all jurisdictions you are currently licensed in _____

Your completed application and fees are due and payable on or before **March 31**. Please forward your application and fees to:
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Consumer Services, C-5 Box 2703 Whitehorse, Yukon Y1A 2C6	or	Consumer Services, C-5 2130 Second Avenue Whitehorse, Yukon Y1A 5H6
<i>Consumer Services, C-5 Box 2703 Whitehorse, Yukon Y1A 2C6</i>	<i>or</i>	<i>Consumer Services, C-5 2130 Second Avenue Whitehorse, Yukon Y1A 5H6</i>

Please make your cheque payable to Government of Yukon, or,
Please make your cheque payable to Government of Yukon, or,

Visa _____	Expiry _____	Signature _____
Visa _____	Expiry _____	Signature _____
	mm/yy	
Mastercard _____	Expiry _____	Signature _____
Mastercard _____	Expiry _____	Signature _____
	mm/yy	

Please contact Consumer Services at 867-667-5111 or fax 867-667-3609 or e-mail consumer@gov.yk.ca for inquiries.
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AGREEMENT OF APPLICANT • AGREEMENT OF APPLICANT

The undersigned hereby certify that the foregoing information is true and correct to the best of my knowledge. I hereby undertake to notify the Government of Yukon in writing of any change.

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Dated at _____, this _____ day of _____, 20____.
Dated at _____, this _____ day _____, 20____.

Signature of Applicant _____
Signature of Applicant _____