



ELECTIONS BC
A non-partisan Office of the Legislature

RECALL ADVERTISING SPONSOR

APPLICATION FOR REGISTRATION

965 (05/06)

**PLEASE PRINT IN BLOCK LETTERS OR TYPE
SEE REVERSE SIDE FOR INSTRUCTIONS**

NAME OF MEMBER OF THE LEGISLATIVE ASSEMBLY WHO IS THE SUBJECT OF THE PETITION		RECALL PETITION NUMBER	
FULL NAME OF APPLICANT / ORGANIZATION			
USUAL NAME OF ORGANIZATION (IF DIFFERENT FROM ABOVE)			
ADDRESS OF APPLICANT		PHONE NO. ()	FAX NO. ()
CITY / TOWN	POSTAL CODE	CONTACT NAME	
COMMUNICATIONS ADDRESS OF APPLICANT (IF DIFFERENT FROM ADDRESS ABOVE) †			
CITY / TOWN			POSTAL CODE

† Any notice required or authorized under the *Recall and Initiative Act* is deemed to be given if it is delivered to this address.

Principal officers, or if none, principal members of the organization (if more space is needed, attach additional sheets)

NAME OF PRINCIPAL OFFICER / MEMBER	NAME OF PRINCIPAL OFFICER / MEMBER
NAME OF PRINCIPAL OFFICER / MEMBER	NAME OF PRINCIPAL OFFICER / MEMBER

I, the undersigned, swear [or solemnly affirm] that:

(a) I am authorized to act on behalf of the above-mentioned applicant;

(b) the applicant is not prohibited by Section 146 of the *Recall and Initiative Act* from being registered;

(c) the applicant does not intend to sponsor recall advertising for any purpose related to circumventing the provisions of the *Recall and Initiative Act* limiting the value of recall expenses that may be incurred by an authorized participant; and,

(d) to the best of my knowledge, information and belief, the contents of this declaration are complete and accurate.

SIGNATURE OF APPLICANT OR PRINCIPAL OFFICER / MEMBER	SIGNATURE OF APPLICANT OR PRINCIPAL OFFICER / MEMBER
PRINTED NAME OF APPLICANT OR PRINCIPAL OFFICER / MEMBER	PRINTED NAME OF APPLICANT OR PRINCIPAL OFFICER / MEMBER

SWORN [OR SOLEMNLY AFFIRMED] BEFORE ME		SWORN [OR SOLEMNLY AFFIRMED] BEFORE ME	
AT:	DATE: (YYYY / MM / DD)	AT:	DATE: (YYYY / MM / DD)
COMMISSIONER FOR TAKING AFFIDAVITS FOR BRITISH COLUMBIA ★		COMMISSIONER FOR TAKING AFFIDAVITS FOR BRITISH COLUMBIA ★	

★ This includes the Chief Electoral Officer, notaries public, barristers, solicitors and Government Agents.

WARNING: Signing a false statement is a serious offence and is subject to significant penalties. [Section 162 of the *Recall and Initiative Act*]

CHIEF ELECTORAL OFFICE USE ONLY		
APPLICATION RECEIVED (YY / MM / DD)	ACCEPTED / REJECTED (YY / MM / DD)	REGISTRATION NUMBER

ORIGINAL - CHIEF ELECTORAL OFFICE
COPY - APPLICANT

SEND TO:

Chief Electoral Officer, Elections BC
Mail: PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6
Location: 333 Quebec Street, Victoria
Phone: (250) 387-5305 or toll-free 1-800-661-8683
Facsimile: (250) 387-3578 or toll-free 1-866-466-0665
Email: electionsbc@elections.bc.ca

**RECALL ADVERTISING SPONSOR
APPLICATION FOR REGISTRATION – FORM 965**

Recall and Initiative Act, Section 144
PLEASE PRINT IN BLOCK LETTERS OR TYPE

This is the application form for registration of a recall advertising sponsor. It requests basic information about the applicant and a declaration for completion by the applicant. An applicant may be either an individual or an organization.

1. **Name of Member of the Legislative Assembly who is the subject of the petition:** Enter the full name of the Member of the Legislative Assembly who is the subject of the recall petition.
2. **Recall petition number:** Enter the identification number of the recall petition. This number is issued by Elections BC.
3. **Full name of applicant/organization:** Enter the full name of the applicant. If the applicant is an organization, enter the full name of the organization.
4. **Usual name of organization (if different from above):** If the applicant is an organization with a usual name different from the full name entered above, enter the usual name of the organization in this box.
5. **Address of applicant:** Enter the full address of the applicant. Complete the **city/town** name and **postal code** in the appropriate spaces.
6. **Phone number:** Enter a phone number at which the applicant may be contacted by the Chief Electoral Office if further information is required. Please note that this form is available for public inspection at the Chief Electoral Office, so it may be desirable to list an office phone number instead of a home phone number.
7. **Fax number:** Enter a fax number at which the applicant may be contacted by the Chief Electoral Office if further information is required. Please note that this form is available for public inspection at the Chief Electoral Office, so it may be desirable to list an office fax number instead of a home fax number.
8. **Contact name:** An applicant contact name may be entered in this space. This may be particularly useful if the applicant is an organization. This is voluntary information.
9. **Communications address of applicant (if different from address above):** Enter a mailing address, city/town and postal code at which the sponsor may be contacted by the Chief Electoral Office if further information is required. Please note that this form is available for public inspection at the Chief Electoral Office, so it may be desirable to list an office address instead of a home address.
10. **Name of principal officer/member:** If the applicant is an organization, print the name of each principal officer of the organization or, if there are no principal officers, the principal members of the organization. Attach an additional sheet if more space is needed. If the applicant is an individual, do not complete this area.
11. **Signature of applicant or principal officer/member:** This declaration must be signed by the applicant if the applicant is an individual. If the applicant is an organization, the declaration must be signed by two principal officers of the organization or, if there are no principal officers, by two principal members of the organization. All signatures must be witnessed by a commissioner for taking affidavits for British Columbia. Signing a false statement is a serious offence and is subject to significant penalties under Section 162 of the *Recall and Initiative Act*.
12. **Printed name of applicant or principal officer/member:** Print the name of the applicant or principal officer/member who signed the declaration.
13. **Sworn [or solemnly affirmed] before me:** This section must be completed by a commissioner for taking affidavits for British Columbia. This includes the Chief Electoral Officer, notaries public, barristers, solicitors, and government agents.
14. **Chief Electoral Office use only:** The bottom section on this form is for Chief Electoral Office use only. Please do not complete this section.
15. Please submit completed **Recall Advertising Sponsor - Application for Registration** to the address below. Faxed applications are **not** acceptable.

Chief Electoral Officer, Elections British Columbia
PO Box 9275 Stn Prov Govt, Victoria BC V8W 9J6
Phone: 1-800-661-8683 (toll-free) or (250) 387-5305

