OFFICE OF THE ATTORNEY GENERAL Consumer, Corporate and Insurance Services

P. O. Box 2000, Charlottetown, PE C1A 7N8

Tel: 902 368 4550 Fax: 902 368 5283

APPLICATION FOR SALESPERSON'S LICENSE

(Pursuant to the *Direct Sellers Act* R.S.P.E.I. 1988, Cap. D-11)

1.	Applicant's Sur	name		First		N	/liddle	
2.	Address:							
	If non resident, give address while in the province:							
	Telephone No.							
	Date of Birth:			Pla	ce of Birth	:		
	Height:	Weight	Eye Co	olor	Hair col	or	Complexior	າ
3.	Name of Vendo	or firm assoc	ciated with:_					
4.	Have you ever	applied for a	a Salespers	on's Licens	se before?	Yes	No	_
	If yes, please in	ndicate nam	e of firm and	d last date	of employr	ment.		
5.	Have you ever been refused a salesperson's license, or has it ever been suspended or cancelled in any province or other jurisdiction? Yes No If yes, please provide details.							
6.	Please list the goods and services offered for sale in Prince Edward Island.							
7.	Have you been Yes No _ necessary.					•		
8.	I understand that regarding my ap General permiss and, if necessar information give	plication. I sion to make ry, other pol	hereby grane inquiries the ice agencies	nt the Depa rough the (s in suppor	rtment of I Canadian P	Provincia olice Info	al Affairs and ormation Cent	Attorney re (CPIC)
	Applicant's Signature:			Date:				
period	complete and repayable to the F	-	•	ong with th	e license f	ee which	n is \$50.00 for	a 2 year
LICENS		ISSUED:		EXPIRES:		CPIC:		