

EXAMINATION VERIFICATION REQUEST FORM

Please return completed form with payment to the BCSLA office by mail to #450, 355 Burrard Street, Vancouver, BC V6C 2G8, by email to admin@bcsla.org, or by fax to (604) 681-3394. The BCSLA will release your Examination Scores directly to your specified regulatory authority with a copy to you.

MAILING ADDRESS:

Name		Firm	
Address	City	Province/State	Postal/Zip Code
Phone	Fax	Email	

SEND VERIFICATION FORM TO:

Name		Authority	
Address	City	Province/State	Postal/Zip Code
Phone	Fax	Email	

ENCLOSED PAYMENT:

- Cheque** for **\$63.00** (\$60.00 + \$3.00 GST) enclosed (payable to "BCSLA").
- Please charge my **Visa Credit Card** in the amount of **\$63.00** (\$60.00 + \$3.00 GST).
(Sorry, no other credit cards are accepted.)

Visa Cardholder Name	Visa Cardholder Signature
Visa Credit Card #	Expiry Date (MM/YY)

BN 131999757 RT0001

- I authorize the BCSLA to release my Examination scores to the above regulatory authority.

Name (please print)	Authorized Signature	Date (MM/DD/YYYY)
---------------------	----------------------	-------------------