

## 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 or by email to [admin@bcsla.org](mailto:admin@bcsla.org). 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		Email	

### SEND VERIFICATION FORM TO:

Name		Authority	
Address	City	Province/State	Postal/Zip Code
Phone		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)	3-Digit CVV Code	
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)
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