



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. 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)	Security 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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The BCSLA offices are located on unceded Coast Salish territories of the x̱w̱məθkʷəy̱əm (Musqueam), Skwxwú7mesh (Squamish), and sə̱lilwətaʔt̚ (Tsleil-Waututh) First Nations. We recognize and respect the history, languages, and cultures of the First Nations, Métis, Inuit, and all First Peoples of Canada, whose presence continues to enrich our organization, our lives and our country.