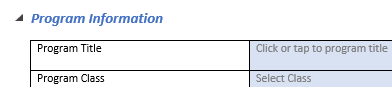
**Use this form to** notify PTIB of changes to your institution information, personnel, or address for service.

|  |  |
| --- | --- |
| **This is an application to inform PTIB of a:** | **Complete the following Sections:** |
| 1. Change in Fiscal Year End | *Section 1 and the Declaration* |
| 2. A change in the legal name of the institution | *Section 2 and the Declaration* |
| 3. A change in the operating name of the institution | *Section 3 and the Declaration* |
| 4. Change in Address for Service | *Section 4 and the Declaration* |
| 5. Change of Control | *Sections 5, 7, and the Declaration* |
| 6. Change to directors of a society or extraprovincial society, or a change in shareholders (other than the major shareholder) of a company, extraprovincial company or corporation | *Sections 6, 7, and the Declaration* |
| 7. Change of contacts | *Section 7 and the Declaration* |

### Institution Information

#### To make the application easier to navigate, you can expand or collapse sections by hovering over section headings, then clicking the small triangle that appears to the left of the heading.



|  |  |
| --- | --- |
| **Institution ID #** | Enter institution ID. |
| **Institution Operating Name** | Enter operating name |

# Section 1. Change in Fiscal Year End

An institution must notify PTIB in writing at least 60 days before changes to the fiscal year established by an institution.

#### **Note:** The fee for a change of fiscal year end is **$500**.

**NOTE:**

* Certificate expiry and deadlines for reporting are tied to the institution’s fiscal year. A change in fiscal year will, therefore, have a significant impact and must be reported in writing at least 60 days before the change.
* It also requires prior approval from the Canada Revenue Agency. For more information go to  [www.cra-arc.gc.ca/](http://www.cra-arc.gc.ca/)

|  |  |
| --- | --- |
| **Current fiscal year ends on (DD/MM)** | Enter text. |
| **Planned new fiscal year end (DD/MM)** | Enter text. |
| **Effective date of new fiscal year end (DD/MM/YYYY)** | Enter text. |
| **Additional explanatory comments, i.e. change is due to a change of control (optional).** | |
|  | |

# Section 2. Change in Legal Name

#### **Note:** The fee for a change of legal or operating name is **$200.**

An institution must notify PTIB in writing at least 14 days before a change in legal or operating name.

For more information about a change in name, go to [BC Registries and Online Services](https://www2.gov.bc.ca/gov/content/governments/organizational-structure/ministries-organizations/ministries/citizens-services/bc-registries-online-services).

|  |  |  |  |
| --- | --- | --- | --- |
| **Legal name of institution currently registered with PTIB** | | Enter text. | |
| **New legal name** | | Enter text. | |
| **Planned effective date** | | Enter a date. | |
| Paperclip | **Confirm that a copy of the institution’s updated Central Securities Register showing the new legal name is attached.** | |  |
| Paperclip | **Confirm that a BC Registry certificate of change in legal name is attached.** | |  |
| Paperclip | **Confirm that a sample student enrolment contract for an approved program is attached to demonstrate that contracts reflect the change in name.** | |  |

# Section 3. Change in Operating Name

#### **Note:** The fee for a change of legal or operating name is **$200.**

An institution must notify PTIB in writing at least 14 days before a change in legal or operating name.   
  
For more information about a change in name, go to [BC Registries and Online Services](https://www2.gov.bc.ca/gov/content/governments/organizational-structure/ministries-organizations/ministries/citizens-services/bc-registries-online-services).

|  |  |  |  |
| --- | --- | --- | --- |
| **Operating name of institution currently registered with PTIB** | | Enter text. | |
| **New operating name** | | Enter text. | |
| **Planned effective date** | | Enter a date. | |
| Paperclip | **Confirm that a BC Registry Statement of Registration of Sole Proprietorship approval of the “doing business as name” is attached.** | |  |
| Paperclip | **Confirm that a sample student enrolment contract for an approved program is attached to demonstrate that contracts reflect the change in operating name.** | |  |

# Section 4. Change in Address for Service

An institution must notify PTIB in writing at least 14 days before a change in address for service.

The address for service – or “mailing address” – is the address at which an individual or other entity   
(i.e., a corporation) may be served with legal documents. The address may be the same or different from   
a location from which the institution provides a program of instruction.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Note:** institutions must submit an “Add or Close a Location Application” to:   * Apply to have a certificate issued for a new location of instruction, or * Notify PTIB about ceasing operations at one or more locations (surrender of certificate(s)   The Add or Change Location Application is available on PTIB’s [Forms, Templates and Resources](http://www.privatetraininginstitutions.gov.bc.ca/form-library) page. | | | | | | | |
|  | | | | | | | |
| **New address for service information** | | | | | | | |
| **Street Address Line 1** | | Enter street address | | | | | |
| **Street Address Line 2** | | Enter street address | | | | | |
| **City** | Enter name of City | | **Province** | Enter Province | | **Postal Code** | Enter Postal Code |
| **Email address** | | | Enter email address | | | | |
| **Phone number** | | Enter phone number | | | **Fax number for the address** | | Enter fax number |
| **Planned Effective Date of Location** | | | | Enter planned effective date. | | | |

# Section 5. Change of Control

An institution must notify PTIB in writing at least 7 days before any change of control of an institution.

For a **company or extraprovincial company**, a change of control means a change in the major shareholder (a shareholder holding more than 50% of the voting shares).

#### **Note:** The fee for a change of control is **$1,000.**

For a **partnership**, a change of control means a change or alteration in the membership of the firm.

Certificates are not transferrable. For a change in ownership, see[Section 3.1.7 of the Private Training Act Policy Manual](http://www.privatetraininginstitutions.gov.bc.ca/institutions/policy-manual). Institutions should contact PTIB to discuss their plans before proceeding with either type of change.

#### Institutions must provide the names of certain individuals dependent upon the institution’s business type. Select your institution’s business type, complete either section 5.1 or 5.2, and Section 7: Contacts as applicable.

|  |  |
| --- | --- |
| **Confirm Business Type** | Choose a business type |

#### InformationFor information about business types, click the arrow on the left.

|  |  |  |
| --- | --- | --- |
| Business Type Use the following table to identify your business type and the information required in the application and records required to be submitted with the application for certification for that business type. | | |
| **Business Type** | | **Required Information to Submit in the Application** |
| Company (as defined by the [*Business Corporations Act*](http://www.bclaws.ca/civix/document/id/complete/statreg/02057_01#section1)) | | * the name of its major shareholder |
| Extraprovincial company  (as defined by the [*Business Corporations Act*](http://www.bclaws.ca/civix/document/id/complete/statreg/02057_01#section1)) | | * the name its major shareholder |
| Corporation (other than a company, an extraprovincial company, a society or an extraprovincial non-share corporation) (as defined by the [*Business Corporations Act*](http://www.bclaws.ca/civix/document/id/complete/statreg/02057_01#section1)) | | * the name its major shareholder |
| Partnership (as defined by the [*Partnership Act*](http://www.bclaws.ca/civix/document/id/complete/statreg/96348_01)) | | * the names of the partners |
| Limited partnership (as defined by the [*Partnership Act*](http://www.bclaws.ca/civix/document/id/complete/statreg/96348_01)) | | * the names of its general partners |

### Section 5.1 Change of control – company or extraprovincial company

|  |  |  |
| --- | --- | --- |
| Daily calendar | Planned effective date of share purchase. | Enter a date. |
| Paperclip | Confirm that the draft Share Purchase Agreement is attached (a copy of the final, signed Agreement must be submitted to PTIB after the sale). |  |
| Paperclip | If the new shareholder is a legal entity and not a person, confirm that the Central Securities Register is attached. |  |
| Checkmark | Acknowledge that you understand that additional information and records will be required following the effective date. |  |
| Checkmark | If you are changing any of your PTIB contacts, please complete [Section 7.](#_8:_Contacts) |  |
| Question mark | Are there any institution closures related the new shareholders? If yes, specify the contact(s) and provide a summary of the closure(s) below. | Choose an item. |
|  | |

### Section 5.2 Change of control – partnership

|  |  |  |
| --- | --- | --- |
| Daily calendar | Planned effective date of the change or alteration in the membership of the firm. | Enter a date. |
| Paperclip | Confirm that the draft Partnership Agreement is attached (a copy of the final, signed Agreement must be submitted to PTIB after the sale). |  |
| Checkmark | Acknowledge that you understand that additional information and records will be required following the effective date. |  |
| Checkmark | If you are changing any of your PTIB contacts, please complete [Section 7.](#_8:_Contacts) |  |
| Question mark | Are there any institution closures related the new partners? If yes, specify the contact(s) and provide a summary of the closure(s) below. | Choose an item. |
|  | |

# Section 6. Change to directors of a society or extraprovincial society, or a change in shareholders (other than the major shareholder) of a company, extraprovincial company or corporation

This is a change that requires an institution to notify PTIB as soon as practicable.

|  |  |
| --- | --- |
| If the institution is: | It must report changes in: |
| A company | • shareholders, holding more than 10% of shares that carry the right to vote at general meetings, other than a change in major shareholder (see Section 3.1.1). |
| An extraprovincial company | • shareholders*,* holding more than 10% of the shares that carry the right to vote at general meetings, other than a change in major shareholder (see Section 3.1.1). |
| A society or extraprovincial society | • directors as defined in section 1 of the *Society Act.* |

|  |  |
| --- | --- |
| **Confirm Business Type** | Choose a business type |

* ***Use the tables provided in Section 7: Contacts to enter the required information to notify PTIB of the changes.***

Specify whether any of the contacts have any new roles within the organization, such as primary contact, alternate contact, or additional PTIB Portal Users.

# Section 7: Contacts

Specify whether any of the contacts have any new roles within the organization, such as the addressee for service (primary contact), alternate contact, or additional PTIB Portal User.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First Name | Enter First Name | | | Last Name | Enter Last Name |
| Honorific appropriate to person | | | Ie, Mr, Ms, Dr | Title within institution | Title within institution |
| *Email, phone, and address information is required for contacts whose role is Addressee for Service (Primary Contact), Alternate Contact, Proprietor, Partner or General Partner.*  *Email address, phone number and BCEID username are required for contacts whose role is PTIB Portal User. The Information must match the what the institution provided to BCEID when they added the user.* | | | | | |
| Business Phone Number | | Enter Business Phone number | | Alternate Phone Number | Enter Alternate Phone Number |
| Business Email Address | | Enter Business Email Address | | Fax Number | Enter Fax Number |
| BCEID User Name | | Enter BCEID User Name | | | |
| The contact is a legal entity, not a person, that has an interest (such as Shareholder) in the Institution. | | | | | |
| **Roles fulfilled by this contact**  Addressee for Service /  PTIB Portal User  Institution Primary Contact  Institution Alternate Contact (optional)  Sole Proprietor  Shareholder - percentage holding: Enter percentage holding.  Senior Officer  Director  Partner General Partner (only applicable to Limited Partnerships)  Remove contact Enter effective date of change. | | | | | |

#### Information regarding additional contacts can be added by clicking on the arrow bullets below or be submitted with this application as an attachment.

#### Additional Contacts information 1

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | First Name | Enter First Name | | | Last Name | Enter Last Name | | Honorific appropriate to person | | | Ie, Mr, Ms, Dr | Title within institution | Title within institution | | *Email, phone, and address information is required for contacts whose role is Addressee for Service (Primary Contact), Alternate Contact, Proprietor, Partner or General Partner.*  *Email address, phone number and BCEID username are required for contacts whose role is PTIB Portal User. The Information must match the what the institution provided to BCEID when they added the user.* | | | | | | | Business Phone Number | | Enter Business Phone number | | Alternate Phone Number | Enter Alternate Phone Number | | Business Email Address | | Enter Business Email Address | | Fax Number | Enter Fax Number | | BCEID User Name | | Enter BCEID User Name | | | | | The contact is a legal entity, not a person, that has an interest (such as Shareholder) in the Institution. | | | | | | | **Roles fulfilled by this contact**  Addressee for Service /  PTIB Portal User  Institution Primary Contact  Institution Alternate Contact (optional)  Sole Proprietor  Shareholder - percentage holding: Enter percentage holding.  Senior Officer  Director  Partner General Partner (only applicable to Limited Partnerships)  Remove contact Enter effective date of change. | | | | | | |

#### Additional Contacts information 2

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | First Name | Enter First Name | | | Last Name | Enter Last Name | | Honorific appropriate to person | | | Ie, Mr, Ms, Dr | Title within institution | Title within institution | | *Email, phone, and address information is required for contacts whose role is Addressee for Service (Primary Contact), Alternate Contact, Proprietor, Partner or General Partner*  *Email address, phone number and BCEID username are required for contacts whose role is PTIB Portal User. The Information must match the what the institution provided to BCEID when they added the user.* | | | | | | | Business Phone Number | | Enter Business Phone number | | Alternate Phone Number | Enter Alternate Phone Number | | Business Email Address | | Enter Business Email Address | | Fax Number | Enter Fax Number | | BCEID User Name | | Enter BCEID User Name | | | | | The contact is a legal entity, not a person, that has an interest (such as Shareholder) in the Institution. | | | | | | | **Roles fulfilled by this contact**  Addressee for Service /  PTIB Portal User  Institution Primary Contact  Institution Alternate Contact (optional)  Sole Proprietor  Shareholder - percentage holding: Enter percentage holding.  Senior Officer  Director  Partner General Partner (only applicable to Limited Partnerships)  Remove contact Enter effective date of change. | | | | | | |

#### Additional Contacts information 3

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | First Name | Enter First Name | | | Last Name | Enter Last Name | | Honorific appropriate to person | | | Ie, Mr, Ms, Dr | Title within institution | Title within institution | | *Email, phone, and address information is required for contacts whose role is Addressee for Service (Primary Contact), Alternate Contact, Proprietor, Partner or General Partner*  *Email address, phone number and BCEID username are required for contacts whose role is PTIB Portal User. The Information must match the what the institution provided to BCEID when they added the user.* | | | | | | | Business Phone Number | | Enter Business Phone number | | Alternate Phone Number | Enter Alternate Phone Number | | Business Email Address | | Enter Business Email Address | | Fax Number | Enter Fax Number | | BCEID User Name | | Enter BCEID User Name | | | | | The contact is a legal entity, not a person, that has an interest (such as Shareholder) in the Institution. | | | | | | | **Roles fulfilled by this contact**  Addressee for Service /  PTIB Portal User  Institution Primary Contact  Institution Alternate Contact (optional)  Sole Proprietor  Shareholder - percentage holding: Enter percentage holding.  Senior Officer  Director  Partner General Partner (only applicable to Limited Partnerships)  Remove contact Enter effective date of change. | | | | | | |

#### Additional Contacts information 4

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | First Name | Enter First Name | | | Last Name | Enter Last Name | | Honorific appropriate to person | | | Ie, Mr, Ms, Dr | Title within institution | Title within institution | | *Email, phone, and address information is required for contacts whose role is Addressee for Service (Primary Contact), Alternate Contact, Proprietor, Partner or General Partner*  *Email address, phone number and BCEID username are required for contacts whose role is PTIB Portal User. The Information must match the what the institution provided to BCEID when they added the user.* | | | | | | | Business Phone Number | | Enter Business Phone number | | Alternate Phone Number | Enter Alternate Phone Number | | Business Email Address | | Enter Business Email Address | | Fax Number | Enter Fax Number | | BCEID User Name | | Enter BCEID User Name | | | | | The contact is a legal entity, not a person, that has an interest (such as Shareholder) in the Institution. | | | | | | | **Roles fulfilled by this contact**  Addressee for Service /  PTIB Portal User  Institution Primary Contact  Institution Alternate Contact (optional)  Sole Proprietor  Shareholder - percentage holding: Enter percentage holding.  Senior Officer  Director  Partner General Partner (only applicable to Limited Partnerships)  Remove contact Enter effective date of change. | | | | | | |

#### Additional Contacts information 5

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | First Name | Enter First Name | | | Last Name | Enter Last Name | | Honorific appropriate to person | | | Ie, Mr, Ms, Dr | Title within institution | Title within institution | | *Email, phone, and address information is required for contacts whose role is Addressee for Service (Primary Contact), Alternate Contact, Proprietor, Partner or General Partner*  *Email address, phone number and BCEID username are required for contacts whose role is PTIB Portal User. The Information must match the what the institution provided to BCEID when they added the user.* | | | | | | | Business Phone Number | | Enter Business Phone number | | Alternate Phone Number | Enter Alternate Phone Number | | Business Email Address | | Enter Business Email Address | | Fax Number | Enter Fax Number | | BCEID User Name | | Enter BCEID User Name | | | | | The contact is a legal entity, not a person, that has an interest (such as Shareholder) in the Institution. | | | | | | | **Roles fulfilled by this contact**  Addressee for Service /  PTIB Portal User  Institution Primary Contact  Institution Alternate Contact (optional)  Sole Proprietor  Shareholder - percentage holding: Enter percentage holding.  Senior Officer  Director  Partner General Partner (only applicable to Limited Partnerships)  Remove contact Enter effective date of change. | | | | | | |

|  |  |
| --- | --- |
| **Effective Date of Change** | Click or tap to enter a date. |

1. Change of Fiscal Year End

* New fiscal year end date

1. Change of Control (e.g. a change in shareholder that holds more than 50% of voting shares)

* If the Business Type has changed, indicate the new business type and attach appropriate documentation
* Add, change, or remove contacts
* Indicate whether there are any closures related to the new contacts
* Set the appropriate role for the business type in each person's profile
* For shareholders, indicate the percentage holding for each

1. Change to directors, or senior officers, or a change in shareholders (other than the major shareholder) holding 10% or more of the voting shares

* Add, change, or remove contacts
* Set the appropriate role(s) in each person's profile
* For each shareholder, identify their percentage holding in the business

1. Apply for Change in Address for Service

* Add the new address / email to use for service and set the “address for service” flag

1. A change in the legal name or operating name of the institution

* Revised Legal Name and supporting document (Central Securities Register)
* Revised Operating Name

# *Declarations*

**Please complete the Declarations section and submit it with your application. Electronic signatures will be accepted if this form is submitted by email by the institution’s primary or alternate contact.**

|  |
| --- |
| **I confirm that the following required records will be submitted to PTIB with this application:**  **The supporting documentation required for the requested change as described in the applicable section of this application.** |
| **I have the legal authority to act on behalf of the institution.** |
| **All of the information contained in this application and any attachment is true, accurate and complete.** |

**Personal Information Collection Notice**

Personal information may be collected by the Ministry of Advanced Education under section 26(a) and (c) of the *Freedom of Information and Protection of Privacy Act (FOIPPA) and Private Training Act* (PTA) section 61(1), (2) and (3). Personal information will be collected, used, and disclosed as necessary to assess the submission. Should you have any questions about the collection, disclosure and use of this personal information you may contact: Director, Policy and Institution Certification, Governance, Legislation and Strategic Policy Division, Ministry of Advanced Education, 203 - 1155 W. Pender St, Vancouver, BC V6E 2P4 (800-661-7441).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I am authorized to submit personal information about others that is necessary to complete this form. | | | | | |
| Authorized By | |  | Authorized title: | Enter title | |
| Close | Signature. Must be signed | | Print name | | **Date signed** |
| Select date |

**Send completed forms and required attachments** [**pti@gov.bc.ca**](mailto:pti@gov.bc.ca)**.**