



# New/Change Vendor Application — Professional

<input type="checkbox"/> New <input type="checkbox"/> Change	PREVIOUS VENDOR NUMBER (if applicable)	<input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Other	
LEGAL NAME OF BUSINESS AND ADDRESS			
BUSINESS ADDRESS (continued)	POSTAL CODE	TELEPHONE NUMBER	FAX NUMBER

NAME DOING BUSINESS AS				
BUSINESS ADDRESS (include mailing address)				
BUSINESS ADDRESS (continued)	POSTAL CODE	TELEPHONE NUMBER	FAX NUMBER	GST REGISTRATION NUMBER

Principal type of business: (check one)

Legal firm   
  Private investigator   
  Independent adjuster   
  Other (specify below)

<b>For new firms:</b> <input type="checkbox"/> Municipal or City Business Licence ( <i>all applicants</i> ) <input type="checkbox"/> Security Business Licence ( <i>P.I.s only</i> ) <input type="checkbox"/> Independent Adjuster Company Licence ( <i>I.A.s only</i> ) <input type="checkbox"/> Fee Schedule Questionnaire ( <i>P.I.s and I.A.s</i> ) <input type="checkbox"/> Proof of security firm liability and E and O Insurance ( <i>P.I.s only</i> ) <input type="checkbox"/> Description of security arrangements relating to storage of documents and files, with photographs ( <i>P.I.s only</i> ) <input type="checkbox"/> Proof of WCB coverage ( <i>P.I.s and I.A.s</i> ) <input type="checkbox"/> Proof of E and O Insurance ( <i>I.A.s only</i> )	<b>For each professional:</b> <input type="checkbox"/> Copy of Driver's Licence <input type="checkbox"/> Resume of education, work history and references ( <i>P.I.s and I.A.s</i> ) <input type="checkbox"/> Acknowledgment of P.I. Guidelines ( <i>P.I.s only</i> ) <input type="checkbox"/> Security Employee Licence for each employee ( <i>P.I.s only</i> ) <input type="checkbox"/> Security Employee ID Card for each employee ( <i>P.I.s only</i> ) <input type="checkbox"/> Independent Adjuster Licence for each employee ( <i>I.A.s only</i> )
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**Copies of all requested documents must be attached to this form prior to processing.**

List of employees Name	Resource Number (if applicable)	Owner (if applicable)	Signing Officer	Delete	Add
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I, \_\_\_\_\_, hereby request an ICBC Vendor number/personal resource number.

PRINT NAME

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SIGNATURE (Signing Officer)
POSITION
DATE

### To be completed by ICBC Head Office ONLY

<input type="checkbox"/> All documents attached											
_____	_____	_____									
SIGNATURE	POSITION	DATE									
TX Code: <table style="display: inline-table; border: 1px solid black; margin-right: 10px;"> <tr> <td style="width: 30px; text-align: center;">ADD</td> <td style="width: 30px; text-align: center;"> </td> <td style="width: 30px; text-align: center;">A</td> </tr> </table> <table style="display: inline-table; border: 1px solid black; margin-right: 10px;"> <tr> <td style="width: 30px; text-align: center;">CHANGE</td> <td style="width: 30px; text-align: center;"> </td> <td style="width: 30px; text-align: center;">C</td> </tr> </table> <table style="display: inline-table; border: 1px solid black;"> <tr> <td style="width: 30px; text-align: center;">SUSPEND</td> <td style="width: 30px; text-align: center;"> </td> <td style="width: 30px; text-align: center;">S</td> </tr> </table>			ADD		A	CHANGE		C	SUSPEND		S
ADD		A									
CHANGE		C									
SUSPEND		S									