

Owner, partner or director name	Regulated profession	Which regulated profession
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Signing authority

- I certify that all information is correct, and I am authorized to make this request.
- I understand that falsification of information on this application may result in a repeal of the entity name approval.

Name (print)

Signature

Phone

Email

Title

Relationship to organization

Submit completed form

- By email: inquiry.plra@yukon.ca
- By fax: 867-667-3609
- By mail: Box 2703, C-3, Whitehorse, YT, Y1A 2C6

OFFICE USE ONLY – PROFESSIONAL LICENSING AND REGULATORY AFFAIRS		
<input type="checkbox"/> Consent	Name	Date
<input type="checkbox"/> No consent		
Comments		

Personal information is collected, used, and disclosed under the authority of Section 29(a) and (c) of the *Access to Information and Protection of Privacy Act* and under the Act associated to the activity related to the licence being requested. It will be used for the purposes of these acts and their regulations and to determine eligibility for licensure/registration. It will also be used to maintain a public register and for research and statistical purposes related to human resource planning. The latter is shared in a non-identifiable form only. For further information about the collection of this information, contact Professional Licensing and Regulatory Affairs (PLRA), Community Services, Government of Yukon, by mail at P.O. Box 2703, Whitehorse, YT, Y1A 2C6, by phone at 867-667-5111, or by email at inquiry.plra@yukon.ca.