

## Change to Class 2 Licence Application Form

### Instructions:

Please complete this form in its entirety and submit it to the College of Patent Agents and Trademark Agents (CPATA) via email, along with all required supporting documentation, to the attention of the Director of Registration at [registration-inscription@cpata-cabamc.ca](mailto:registration-inscription@cpata-cabamc.ca). Details of the application process and required documentation can be found at: <https://cpata-cabamc.ca/en/your-practice/licensure/>

### Section 1: Personal Information

#### Current Legal Name

First Name:

Middle Name:

Last Name:

CPATA Registration Number:

### Section 2: Change of Licence Type

Please select all that apply:

☐ I am applying to change from a Class 1 to a Class 2 Patent Agent Licence.

☐ I am applying to change from a Class 1 to a Class 2 Trademark Agent Licence.

☐ I am applying to change from a Class 4 to a Class 2 Patent Agent Licence.

☐ I am applying to change from a Class 4 to a Class 2 Trademark Agent Licence.

### Section 3: Current Contact Information

#### Business Address

Company Name:

Address:

Unit/Suite:

City:

Province:

Country:

Postal Code:

Business Email Address:

Business Phone:

Extension:

#### Home Address

Address:

Unit/Suite:

City:

Province:

Country:

Postal Code:

Personal Email Address:

Preferred Phone:

#### **Section 4: Future Contact Information (if applicable)**

##### Future Business Address

Company Name:

Address:

Unit/Suite:

City:

Province:

Country:

Postal Code:

Business Email Address:

Business Phone:

Extension:

##### Future Home Address

Address:

Unit/Suite:

City:

Province:

Country:

Postal Code:

Personal Email Address:

Preferred Phone:

#### **Section 5: Professional Employment History**

Please attach separate sheets as needed.

Employer Name	Job Title	Start Date	End Date

## Section 6: Declarations

For class 1 agents changing to class 2, I confirm:

all client matters have been completed, or arrangements have been made to the satisfaction of my clients to have the clients' files returned to them or transferred to one or more licensees whose class of licence permits them to proceed with the file or files being transferred;

any matters in progress at CIPO have been assigned to one or more licensees described in the paragraph above, and the appropriate office if CIPO has been advised of this in writing, along with the name(s) of the successor licensee(s).

The files from my practice can be found at this location:

Address:

Unit/Suite:

City:

Province:

Postal Code:

For class 4 agents changing to class 2, the above declaration is not applicable.

I confirm I agree to the following restrictions as of the date my Class 2 Licence is deemed effective by the Registrar:

I am not entitled to represent persons in the presentation and prosecution of applications for the registration of patents or trademarks, or in other business before the Patent Office or Office of the Registrar of Trademarks, as applicable and acknowledge breach of this may result in disciplinary action by the College; and

I acknowledge the College will publish a notice of this change of licence class on its website.

## Section 7: Professional Liability Insurance

Please select one of the following and provide the required information:

- a. On the effective date of my licence, I will have professional liability insurance that complies with CPATA's requirements.

Name of Insurer:

Policy Number (Optional):

- b. My employer holds professional liability insurance that covers my practice and that complies:

Name of Insurer:

Policy Number (Optional):

- c. I am exempt from holding professional liability insurance because I am employed by an employer that carries on business in Canada and who provides patent agent or trademark agent services solely to their employer and not to the public.

## Section 8: Fees

The fee to apply to the Registrar to change from a Class 1 Licence or a Class 4 Licence to a Class 2 Licence is \$157 plus applicable taxes. Please complete the payment authorization at the end of the form.

Before the Registrar issues the licence, the licensee must pay to the College the fee set out in item 12 or 13 of Schedule 1, prorated to the number of months remaining in the year following the month in which the licence is issued.

If applying between January 1 – March 31: You will be invoiced the class 1 or class 4 annual fee (as applicable), pro-rated to the number of months before the class 2 licence is issued, including the month it is issued. The pro-rated class 2 annual fee for the remainder of the year will be invoiced at the same time. The fees will be payable through the Licensee Portal.

## Section 9: Signature

The signature can be provided in ink or by inserting a secure electronic signature into the space below.

Signature

Date

*Any information with respect to this application will be collected, used or disclosed in accordance with the CPATA's Privacy Statement.*

**Payment Authorization:**

Amount: \$157 + applicable taxes (List of tax rates is below).

**Credit Card:**

Type:                      Visa                      Mastercard                      AMEX

Card #:

Card Validation Code (CVC):                      Expiry Date:

Name on Card:

Signature of Cardholder:

Authorized Amount \$ (including tax):

**Once processed this information will be deleted by CPATA**

**Electronic Funds Transfer:**

Please email payments to : [payments-paiements@cpata-cabamc.ca](mailto:payments-paiements@cpata-cabamc.ca) and provide your name and "Change to Class 2" in the comments box.

**Tax Rates:**

Please select the tax rate based on the province associated with your business address.

Province	Tax Rate (%)	Province	Tax Rate (%)
British Columbia	0.05	Nova Scotia	0.15
New Brunswick	0.15	Nunavut	0.05
Manitoba	0.05	Ontario	0.13
Alberta	0.05	Quebec (HST ONLY)	0.05
Newfoundland and Labrador	0.15	Saskatchewan	0.05
Prince Edward Island	0.15	Yukon	0.05
Northwest Territories	0.05		