



CEO/Registrar Certificate of Standing 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 dirregistration@cpata-cabamc.ca. A draft certificate will be provided to you before it is sent. The Certificate will be issued directly to the intended recipient via email, unless we are advised otherwise. Please note the standard processing time for CEO/Registrar Certificates is 1-2 weeks.

Section 1: Personal Information

Current Legal Name

First Name:

Middle Name:

Last Name:

CPATA Registration #:

Section 2: Recipient Information

Recipient:

Organization:

Address:

City:

Province/
State:

Postal/
Zip Code:

Country:

Email Address:

Phone:

Fax:

Provide any file reference that should be included in a transmittal.

Section 3: Reason for Request



Section 4: Authorization to Release Information

I _____ of _____
Full Name Province/City

hereby authorize the College of Patent Agents and Trademark Agents to provide _____
with full information respecting my registration with the College of Patent Agents Recipient's Name
and Trademark Agents, including where applicable, information respecting complaints against my professional
conduct, reports on my practice prepared for the College of Patent Agents and Trademark Agents, and any
disciplinary proceedings taken against me. I hereby release the College of Patent Agents and Trademark
Agents, its servants and agents from all liability arising out of the furnishing of such information.

Signature _____ Date _____

Section 5: Payment Information

Amount: \$75 + 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@cpata-cabamc.ca and provide
your name and "Request for CEO/Registrar Certificate" and your
CPATA # in the comments box.



Tax Rates:

Please select the tax rate based on the province associated with your business address. If you do not have a business address, please select the tax rate associated with your residential address.

Province	Tax Rate (%)
British Columbia	5
New Brunswick	15
Manitoba	5
Alberta	5
Newfoundland and Labrador	15
Prince Edward Island	15
Northwest Territories	5
Nova Scotia	15
Nunavut	5
Ontario	13
Quebec (HST ONLY)	5
Saskatchewan	5
Yukon	5