



Reinstatement 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 payment, to the attention of the Director of Registration at dirregistration@cpata-cabamc.ca. Details of the application process and required documentation can be found at: <https://cpata-cabamc.ca/agents-trainees/licensure/>

Section 1: Personal Information

Current Legal Name

First Name:

Middle Name:

Last Name:

CPATA Registration Number

Section 2: Licence Type

Please select all that apply:

I am applying to reinstate my Patent Agent Licence.

I am applying to reinstate my 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 5: Reason for Suspension

Please check all the apply:

Non-payment of Annual Fees

Date Suspended:

Non-payment of Other Fees

Date Suspended:

Providing Required Information

Date Suspended:

Continuing Professional Development
Compliance

Date Suspended:

Compliance with Licence Conditions

Date Suspended:

Compliance with Mandatory Professional
Liability Insurance

Date Suspended:

Other:

Date Suspended:

Section 7: Fees

The fee to apply reinstatement is \$150 plus applicable taxes. Please complete the payment authorization at the end of the form.



Section 8: 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: \$150 + 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, CPATA No. and "Reinstatement Request" 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 (%)	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		