



Class 2 Change to Class 1 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 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 Number:

Section 2: Change of Licence Type

Please select all that apply:

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

☐ I am applying to change from a Class 2 to a Class 1 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: Declarations

I confirm:

I meet the College's Good Character and Fitness to Practise requirements as outlined in the Registrar's Policy Good Character and Fitness to Practise.

I declare that I will:

Practise with integrity;

Uphold the independence of the patent and trademark professions; and

Comply with the Code of Professional Conduct.

Section 5: Fees

The fee to apply to the Registrar to change from a Class 2 Licence to a Class 1 Licence 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 and "Class 2 Change to Class 1" 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	5
Saskatchewan	5
Yukon	5