

## Agent in Training Licence (Class 3) Application Checklist

<input type="checkbox"/>	<b>Agent in Training Licence (Class 3) Application Form (required) &amp; Fees</b>
<input type="checkbox"/>	<b>Canadian Residency (required)</b> Proof demonstrating Canadian residency is required. If an applicant does not reside in Canada or does not retain a business address in Canada, secondary residential ties must be established. Details can be found in the <a href="#">Registrar's Policy on Canadian Residency</a> .
<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	<b>Good Character (required)</b> Please review the <a href="#">Registrar's Policy on Good Character and Fitness to Practise</a> for details regarding the documentation required to support the good character requirement  Criminal Background Check (required)  Certificates of Registration/Standing issued by any organization responsible for the regulation of a profession from any jurisdiction in which the Trainee Applicant is or was registered (if applicable)  Additional documentation or information to support the good character requirements:
<input type="checkbox"/>	<b>Valid acceptable identification (required):</b> An electronic copy of one (1) current, unaltered passport photo <b>OR</b> an electronic copy of one (1) government-issued photo identification. The copy must be signed by the applicant and certified by a guarantor. Details can be found in the <a href="#">Registrar's Policy on Confirming Identity</a> .
<input type="checkbox"/>	<b>Fitness to Practise: Additional Information Form (if applicable)</b> Additional information regarding an affirmative answer to the fitness to practise section on the Agent in Training Licence (Class 3) Application Form must be provided using this separate form.
<input type="checkbox"/>	<b>Language Proficiency (if applicable)</b> Proof of language proficiency is required if English or French is not the applicant's first language, or if their education was taught in a language other than English or French. Details can be found in the <a href="#">Registrar's Policy on Language Proficiency</a> .
<input type="checkbox"/>	<b>Training Supervisor Application form (required)</b> to be sent directly from Supervisor to the College.
<input type="checkbox"/>	<b>Prior Experience Assessment Request Form (if applicable)</b> Additional information regarding the prior experience assessment request and recognition process, please review the Registrar's Policy on Prior Experience Assessments.

## Agent in Training Licence (Class 3) 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). We will use your personal email to contact you with information, notices or any deficiencies regarding your application. It is your responsibility to notify us of any changes to your email address, phone number, home address or any other contact information. To ensure that relevant experience is recognized, applications must be filed within thirty (30) days of commencing employment with a Training Supervisor. Details of the application process and required documentation can be found at: <https://cpata-cabamc.ca/en/become-an-agent/become-an-patent-agent-in-training/>.

### Section 1: Personal Information (required)

#### Current Legal Name

First Name:

Middle Name:

Last Name:

#### Previous Name(s) (if applicable): Previous

First Name:

Previous Middle Name:

Previous Last Name:

#### Known by this name from:

to:

Preferred Name:

Date of Birth:

### Section 2: Contact Information (required)

Business Address Business 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:

Preferred Contact

Home

Business

**Optional Information**

To assist CPATA in connecting with licensees, we invite applicants to provide us with social media contact information. This information will not be published but will be used solely for CPATA's purposes.

Twitter:

Facebook:

LinkedIn:

Instagram:

Others:

**Section 3: Post-Secondary Education Information (required)**

Please list any degrees, diplomas and certificates you have been awarded in or outside of Canada and the names of the educational institutions that awarded them. Please attach additional sheets as needed.

Name of Institution	Dates of Attendance	Credential Awarded

**Section 4: Other Registrations (required)**

Please list the name of every professional regulatory body under which you are licenced or registered to practise in or outside of Canada. Please attach additional sheets as needed.

Name of Regulator	Date of Registration	Jurisdiction

**Section 5: Language Preference (required)**

My language preference is:  English  French

Please list additional languages in which you are proficient:

**Section 6: Canadian Residency (required)**

The [Registrar’s Policy on Canadian Residence](#) describes how an applicant can meet the Canadian residence requirement.

I meet the Canadian Residency requirement by:

- Residing in Canada and/or Retaining a Business Address in Canada; or
- Demonstrating Secondary Residential Ties (Please provide additional documentation according to the [Registrar’s Policy on Canadian Residence](#))

**Section 7: Good Character Declarations (required)**

Please answer the questions below. If “yes” is indicated for any of the questions, please attach a separate sheet outlining the details of the matter.

i. Have you ever been charged with, plead guilty to, or been found guilty of any offence under the <i>Criminal Code</i> , the <i>Controlled Drugs and Substances Act</i> , the <i>Income Tax Act</i> , the <i>Excise Tax Act</i> , a provincial act respecting securities, employment standards or official languages or any other provincial act that creates an offence that implicates an individual’s integrity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ii. Are there any outstanding charges against you pertaining to an offence under the <i>Criminal Code</i> , the <i>Controlled Drugs and Substances Act</i> , the <i>Income Tax Act</i> , the <i>Excise Tax Act</i> or under a provincial securities act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
iii. Have you ever had a judgement entered against you by a court?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
iv. Are there any outstanding civil judgments against you or any actions outstanding against you that may result in a civil judgment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
v. Have you ever disobeyed an order of any court requiring you to do any act or to abstain from doing any act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
vi. Are you personally subject to an order for costs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

vii.	Have you ever been served with an application for bankruptcy, made an assignment of property for the benefit of creditors, or presented a proposal in bankruptcy to creditors under the <i>Bankruptcy and Insolvency Act</i> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
viii.	Have you had any professional licence restricted or suspended by a professional regulatory body?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ix.	Are you the subject of an investigation by a regulatory body or a body authorized to lay charges under any Federal or Provincial statute?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
x.	Have you ever been sanctioned or had a penalty imposed upon you by a court, an administrative tribunal or a regulatory body?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
xi.	Have you ever been charged with or found guilty of a discipline offence by a governing body or a professional association?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
xii.	Have you ever been found by a professional regulatory body to have committed professional misconduct or to be incompetent within the meaning of the statute under which the body made its finding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
xiii.	Have you ever been suspended by a professional association?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
xiv.	Have you ever been denied a licence or permit or had any licence or permit revoked for failure to meet good character requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
xv.	Have you ever been refused admission as an applicant or member of any professional body?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
xvi.	Have you ever been discharged from any employment where the employer alleged there was cause?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
xvii.	Have you ever been disciplined by an employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
xviii.	Have you ever been a respondent in proceedings in relation to a violation of any human rights legislation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
xix.	While attending a post-secondary institution, have allegations of misconduct ever been made against you, or, have you ever been disciplined, suspended, expelled or penalized by a post-secondary institution for misconduct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
xx.	Is there, to your knowledge or belief, any event, circumstance, condition or matter not disclosed in your replies to the preceding questions that touches or may concern your conduct, character and reputation, and that you know is or believe might be thought to be an impediment to the issuance of a licence to you or warrant full inquiry by the College?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Section 8: Fitness to Practise Declaration (required)

The CPATA Regulations and By-laws require that an Agent in Training applicant, must, among other requirements, be fit to practise. To comply with this requirement, we ask a fitness question to address the applicant's current capacity to be an Agent in Training.

In striving to balance respect for human dignity with the College's obligation to protect the public interest, all applicants are required to answer the following question and, if the question is answered affirmatively, to provide a general description of the condition. If your response is yes, please refer to the [Procedure Regarding an Affirmative Answer to the Fitness Question](#).

Please contact the Director of Registration if you have any concerns about responding 'yes' to the following question.

Based on your personal history, your current circumstances or any professional opinion or advice you have received, are you currently experiencing any condition which is reasonably likely to substantially impair your ability to perform the duties of a Patent Agent or Trademark Agent in Training (as the case may be)?

Yes  No

### Section 9: Training and Qualifying Examinations (required)

Please select the options that apply:

Licence Type:  Patent  Trademark

- a. I completed the 24-month training requirement and have previously attempted the qualifying examination.
- b. I completed the 24-month training requirement and have **not** attempted the qualifying examination.
- c. I am in progress with the 24-month training requirement.
- d. I have not started the 24-month training requirement and I have made arrangements to complete my training under the supervision of a licenced agent ("Training Supervisor").

Please provide your Training Supervisor's information. Your Training Supervisor must complete and submit the [Training Supervisor Application Form](#).

First Name:

Last Name:

CPATA #:

Firm Name:

Firm Address:

Unit/Suite:

City:

Province:

Country:

Postal Code:

Email Address:

Phone:

Extension:

### Section 10: Fees (required)

Please complete the payment authorization section at the end of this form. The application fee for a class 3 licence is \$250.00 plus applicable taxes.

Before the Registrar issues the licence, the licensee must pay to the College the fee set out in item 14 of Schedule 1, prorated to the number of months remaining in the year following the month in which the licence is issued.

The annual fee is payable with the application. Please check off the fee that applies:

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Single Licence	\$150 <input type="checkbox"/>	\$137.50 <input type="checkbox"/>	\$125 <input type="checkbox"/>	\$112.50 <input type="checkbox"/>	\$100 <input type="checkbox"/>	\$87.50 <input type="checkbox"/>	\$75 <input type="checkbox"/>	\$62.50 <input type="checkbox"/>	\$50 <input type="checkbox"/>	\$37.50 <input type="checkbox"/>	\$25 <input type="checkbox"/>	\$12.50 <input type="checkbox"/>
Dual Licence	\$300 <input type="checkbox"/>	\$275 <input type="checkbox"/>	\$250 <input type="checkbox"/>	\$225 <input type="checkbox"/>	\$200 <input type="checkbox"/>	\$175 <input type="checkbox"/>	\$150 <input type="checkbox"/>	\$125 <input type="checkbox"/>	\$100 <input type="checkbox"/>	\$75 <input type="checkbox"/>	\$50 <input type="checkbox"/>	\$25 <input type="checkbox"/>

### Section 11: Professional Liability Insurance (required)

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 12: Authorization and Undertaking (required)

- I grant to CPATA full authority to make enquiry from any police or other authority with regard to any criminal record or with regard to any of the matters referred in Section 7, and I authorize all persons enquired of pursuant to this authorization to provide all information requested.
- I undertake to CPATA that I will report, in writing and as soon as feasible after the occurrence, if at any time:

- I am served with an application for bankruptcy, make an assignment of property for the benefit of creditors, or present a proposal in bankruptcy to creditors under the Bankruptcy and Insolvency Act;
- I have been given a judgment by a court;
- I am personally subject to an order for costs;
- I am charged with, plead guilty to or am found guilty of any offence under the *Criminal Code*, the *Controlled Drugs and Substances Act*, the *Income Tax Act*, the *Excise Tax Act*, a provincial act respecting securities, employment standards or official languages or any other provincial act that creates an offence that implications an individual's integrity;
- You have had your professional licence restricted or suspended by a professional regulatory body, or are found by a professional regulatory body to have committed professional misconduct or to be incompetent within the meaning of the statute under which the body made the finding; and/or
- Anything occurs during my training period that would alter my responses to any of the questions contained in my application.

I undertake that I will, at all times, well and truly keep and perform all of my obligations as an Agent in Training and will follow the rules and requirements of CPATA.

I undertake to comply with all ethical guidelines and rules governing Patent Agents and Trademark Agents, including the Code of Professional Conduct for Patent Agents and Trademark Agents.

### Section 13: Signature (required)

The signature can be provided in ink or by inserting a secure electronic signature into the space below for the purposes of meeting the registration requirement to provide a specimen signature under section 48(1)(l) of the By-laws.

Signature

Date

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



## Class 3 Agent in Training Licence Application – Payment Authorization

Amount: \$250 + pro-rated issuance fee + 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 "Class 3 Application Fee" 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		