

Request to Surrender a 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. 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 #:

Patent Agent Licence #:

Trademark Agent Licence #:

Section 2: Licence Type

Please select all that apply:

I am applying to surrender my Patent Agent Licence.

I am applying to surrender 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 4: Future Contact Information (if applicable)

Future Address

Company Name:

Address:

Unit/Suite:

City:

Province:

Country:

Postal Code:

Business Email Address:

Business Phone:

Extension:

Home Address Same as Above

Address:

Unit/Suite:

City:

Province:

Country:

Postal Code:

Personal Email Address:

Preferred Phone:

Section 5: Professional Employment History

Employer Name	Job Title	Start Date	End Date

Section 6: Declarations

I confirm, if applicable:

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.

I have assigned to one or more licensees described above, any matters in progress at CIPO and have advised the appropriate Office of CIPO in writing of the name of the successor licensee or licensees.

I acknowledge:

On the effective date of my license surrender, I will cease to be a licensee of the College and am no longer a Patent Agent and/or a Trademark Agent and may not hold myself out as such. Breach of this may result in a prosecution under the [College of Patent Agents and Trademark Agents Act](#).

The College will post a notice on its website of my surrender of my licence.

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

Address:

Unit/Suite:

City:

Province/State:

Country:

Postal/Zip Code

Section 7: Reason for Surrender

Please indicate why you are surrendering your licence(s). Check all that apply:

Does not meet conditions for registration: Not supervised (Class 3 only)

Does not meet Canadian Residence

Retiring

Not Practising

Not Pursuing the Profession (Class 3 only)

Other:

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.