

Change to Class 4 Licence Application Form

Instructions:

A class 1 licensee or class 2 licensee who wishes to obtain a class 4 licence must submit this application. 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/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 1 to a Class 4 Patent Agent Licence.

I am applying to change from a Class 1 to a Class 4 Trademark Agent Licence.

I am applying to change from a Class 2 to a Class 4 Patent Agent Licence.

I am applying to change from a Class 2 to a Class 4 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: Professional Employment History

Please attach separate sheets as needed.

Employer Name	Job Title	Start Date	End Date

Section 5: Declarations

I declare that I am not practising as a patent agent or trademark agent.

I confirm:

All client matters have been completed or arrangements have been made to the satisfaction of my clients to have their 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.

Any matters in progress at the Patent Office or the Office of the Registrar of Trademarks have been assigned to one or more licensees and the appropriate office has been advised of this in writing of the successor licensee(s).

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

Address:

Unit/Suite:

City:

Province:

Country:

Postal Code:

I confirm I agree to the following restrictions as of the date my Class 4 Licence is deemed effective by the Registrar:

I am not entitled to hold myself out as an active patent or trademark agent.

I acknowledge the College will publish a notice of this change of licence class on its website and in its newsletter.

Section 6: Fees

The fee to apply to the Registrar to change from a Class 1 Licence or Class 2 Licence to a Class 4 Licence is \$150 plus applicable taxes. Please complete the payment authorization at the end of the form.

Before the Registrar issues the licence, the licensee must pay to the College the fee set out in item 16 of Schedule 1, prorated to the number of months remaining in the year following the month in which the licence is issued.

If applying between January 1 – March 31: You will be invoiced the class 1 or 2 annual fee (as applicable), pro-rated to the number of months before the class 4 licence is issued, including the month it is issued. The pro-rated class 4 annual fee will be invoiced at the same time. The fees will be payable through the Licensee Portal.

If applying between April 1 – December 31: The annual fee will be invoiced once the application has been reviewed for approval. The fee will be payable through the Licensee Portal.

Section 7: 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.

Section 8: Payment Authorization:

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 and provide your name and "Change of Class" 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