

Bulk Payment Authorization Form

Instructions

For organizations that would like to make a single payment for five (5) or more agents, please complete this form and submit it via email to payments-paiements@cpata-cabamc.ca. To avoid delays in processing times, agents must personally log in to their Licensee Portal account and complete their Annual Licensee Report. This must be done before submitting this form.

Section 1: Fees

Annual fee amounts for 2026 are:

- Class 1 active – \$1,877 for one licence (patent or trademark)
- Class 1 active – \$2,815 for a dual licence (patent and trademark)
- Class 2 restricted – \$1,564 for one licence (patent or trademark)
- Class 2 restricted – \$2,346 for a dual licence (patent and trademark)
- Class 3 trainee (first and second renewal) – \$157 (patent or trademark)
- Class 3 trainee (third and subsequent renewal) – \$209 (patent or trademark)
- Class 4 inactive – \$105 (patent or trademark)

Important: If you are paying licence renewal fees on behalf of a Class 3 Agent in Training, please ensure that the fee corresponds to the appropriate item from the fee schedule above. Please do not include payments for annual fees for licensees who have requested/or intend to request a change in licence class prior to the close of the annual renewal period on March 31, 2026.

Section 2: Firm Information

Contact Name

First Name: _____ Last Name: _____

Contact Address

Company/Firm Name: _____

Address: _____ Unit/Suite: _____

City: _____ Province: _____ Country: _____ Postal Code: _____

Business Email Address: _____

Business Phone: (____) ____ - ____ Extension: _____

Section 3: Agent Information

Please provide information for all agents in which the firm is providing payment, including the licence renewal fee amount remitted plus taxes. Attach additional sheets as necessary.

Agent Name (First Name, Last Name)	CPATA #:	Fee Amount	GST/HST (tax)	Total (fee plus tax)
	T P			
Total Due:				

Section 4: Payment Information

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 firm name in the comments.

Section 5: Tax Rates

Please select the tax rate based on the province associated with your business address.

Province	Tax Rate (%)	Province	Tax Rate (%)
British Columbia	0.05	Nova Scotia	0.14
New Brunswick	0.15	Nunavut	0.05
Manitoba	0.05	Ontario	0.13
Alberta	0.05	Quebec (GST ONLY)	0.05
Newfoundland and Labrador	0.15	Saskatchewan	0.05
Prince Edward Island	0.15	Yukon	0.05
Northwest Territories	0.05		