



**COURIER:** 321-3600 Uptown Blvd. Victoria, BC V8Z 0B9  
**MAIL:** PO Box 9244 Victoria, B.C. V8W 9J2  
**FAX:** (250) 920-7181 **P:** (604) 320-1664 **TF:** 1 888.564.9963  
**EMAIL:** operations@consumerprotectionbc.ca  
 www.consumerprotectionbc.ca

**HOME INSPECTOR**  
 Statutory Declaration  
 Residence Is  
 A Place of Business

**STATUTORY DECLARATION**

In the application for a home inspector licence, I request the business location to be the same as my residence

\_\_\_\_\_

(street address, city, province/state, postal code/zip)

and agree to the following:

CANADA:  
 PROVINCE OF BRITISH COLUMBIA  
 TO WIT:

**IN THE MATTER OF THE  
 BUSINESS PRACTICES AND CONSUMER PROTECTION ACT**

I, \_\_\_\_\_  
 (Name in Full of the Licence Applicant)

of \_\_\_\_\_ in the Province of British Columbia, or \_\_\_\_\_  
 (city or town) (other province/state)

solemnly declare that:

1. I/We am/are the applicant(s) in the attached application, which I/We have signed; and
2. I/We have attached a copy of my Municipal Licence authorizing the operation of a home inspector business from the location specified above and in the application for a home inspector licence.
3. I/We have a distinct and identified location from which the home inspector business will be operated in the location specified in the application for a home inspector licence suitable for the purpose of operating a home inspector business.
4. I/We give an undertaking to maintain all business records and information of the home inspector business in the identified area.
5. I/We give an undertaking to give the Director or their authorized representative prompt physical access to the identified location for lawful purposes related to the administration and enforcement of the *Business Practices and Consumer Protection Act*.
6. I/We certify that the information contained in this Statutory Declaration is true and correct and I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Date \_\_\_\_\_ Title \_\_\_\_\_