



### Alberta Registry Supplement

Brokerage/Agency Name:

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1. Provide number of transactions in the past year: \_\_\_\_\_

2. Indicate type of registry activities:

- Motor Vehicle  
  Vital Statistics  
  Corporate  
  Personal Property  
  Land Titles (Searches only)  
 Other (Describe):

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3. List all personnel issuing licenses:

Name	Yrs. of Bond Experience	Position In Brokerage/Agency	Power of Attorney?
	<input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10+	<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR / Support	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10+	<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR / Support	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10+	<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR / Support	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10+	<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR / Support	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> 0-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10+	<input type="checkbox"/> Owner <input type="checkbox"/> Producer <input type="checkbox"/> CSR / Support	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(Please Print)