



**ELECTIONS BC**  
A non-partisan Office of the Legislature

## REFERENDUM ADVERTISING SPONSOR APPLICATION FOR REGISTRATION

**420**  
(18/06)

PLEASE PRINT IN BLOCK LETTERS AND SIGN WHERE REQUIRED  
SEE REVERSE SIDE FOR INSTRUCTIONS

TITLE OF REFERENDUM							
FULL NAME OF APPLICANT							
USUAL NAME (IF DIFFERENT FROM ABOVE)							
FULL ADDRESS OF APPLICANT			PHONE NO.				
CITY / TOWN			FAX NO.				
PROVINCE	POSTAL CODE	CONTACT NAME					
EMAIL							
COMMUNICATIONS ADDRESS OF APPLICANT (IF DIFFERENT FROM ADDRESS ABOVE) *							
CITY / TOWN		PROVINCE	POSTAL CODE				
<p>* Any notice is deemed to be given if it is delivered to this address.</p> <p><b>Principal officers, or if none, principal members of the organization</b> (if more space is needed, attach additional sheets)</p> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%; height: 30px; vertical-align: top;">NAME OF PRINCIPAL OFFICER / MEMBER</td><td style="width: 50%; height: 30px; vertical-align: top;">NAME OF PRINCIPAL OFFICER / MEMBER</td></tr><tr><td style="height: 30px; vertical-align: top;">NAME OF PRINCIPAL OFFICER / MEMBER</td><td style="height: 30px; vertical-align: top;">NAME OF PRINCIPAL OFFICER / MEMBER</td></tr></table>				NAME OF PRINCIPAL OFFICER / MEMBER	NAME OF PRINCIPAL OFFICER / MEMBER	NAME OF PRINCIPAL OFFICER / MEMBER	NAME OF PRINCIPAL OFFICER / MEMBER
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NAME OF PRINCIPAL OFFICER / MEMBER	NAME OF PRINCIPAL OFFICER / MEMBER						
<p>I, the undersigned, declare that:</p> <p>(a) I am authorized to act on behalf of the above-mentioned applicant, if the applicant is an organization;</p> <p>(b) the applicant is not prohibited by section 46 of the <i>Electoral Reform Referendum 2018 Regulation</i> from being registered;</p> <p>(c) the applicant does not intend to sponsor referendum advertising for any purpose related to circumventing any established expenses limits, and will not sponsor referendum advertising on behalf of or together with the registered opponent or proponent group; and</p> <p>(d) to the best of my knowledge, information and belief, the contents of this declaration are complete and accurate.</p> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%; height: 30px; vertical-align: top;">SIGNATURE OF APPLICANT OR PRINCIPAL OFFICER / MEMBER</td><td style="width: 50%; height: 30px; vertical-align: top;">SIGNATURE OF APPLICANT OR PRINCIPAL OFFICER / MEMBER</td></tr><tr><td style="height: 30px; vertical-align: top;">PRINTED NAME OF APPLICANT OR PRINCIPAL OFFICER / MEMBER</td><td style="height: 30px; vertical-align: top;">PRINTED NAME OF APPLICANT OR PRINCIPAL OFFICER / MEMBER</td></tr></table>				SIGNATURE OF APPLICANT OR PRINCIPAL OFFICER / MEMBER	SIGNATURE OF APPLICANT OR PRINCIPAL OFFICER / MEMBER	PRINTED NAME OF APPLICANT OR PRINCIPAL OFFICER / MEMBER	PRINTED NAME OF APPLICANT OR PRINCIPAL OFFICER / MEMBER
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PRINTED NAME OF APPLICANT OR PRINCIPAL OFFICER / MEMBER	PRINTED NAME OF APPLICANT OR PRINCIPAL OFFICER / MEMBER						
<p><b>WARNING:</b> Signing a false statement is a serious offence and is subject to significant penalties.</p>							
<b>CHIEF ELECTORAL OFFICE USE ONLY</b>							
APPLICATION RECEIVED (YYYY / MM / DD)	ACCEPTED / REJECTED (YYYY / MM / DD)	REGISTRATION NUMBER					

**REFERENDUM ADVERTISING SPONSOR  
APPLICATION FOR REGISTRATION – FORM 420**

**PLEASE PRINT IN BLOCK LETTERS AND SIGN WHERE REQUIRED**

This is the application form for registration of a referendum advertising sponsor. It requests basic information about the applicant and a declaration. An applicant may be either an individual or an organization.

**Full name of applicant:** Enter the full name of the applicant. If the applicant is an organization, enter the full name of the organization.

**Usual name (if different from above):** If the applicant is an organization with a usual name different from the full name entered above, enter the usual name of the organization in this box.

**Full address of applicant:** Enter the full address of the applicant. Complete the city/town, province and postal code in the appropriate spaces. Please note that this form is available for public inspection and this information will be published on our website.

**Phone number:** Enter a phone number at which the applicant may be contacted. Please note that this form is available for public inspection and this information will be published on our website.

**Fax number:** Enter a fax number at which the applicant may be contacted. This is voluntary information.

**Contact name:** An applicant contact name may be entered in this space. This may be particularly useful if the applicant is an organization. This is voluntary information.

**Email:** Enter an email address at which the applicant can be contacted. This is voluntary information.

**Communications address of applicant (if different from address above):** Enter an address at which communications may be delivered to the applicant. Complete the city/town and postal code in the appropriate spaces. If communications may be sent to the address entered under full address of applicant above, this field need not be completed.

**Name of principal officer/member:** If the applicant is an individual, do not complete this area. If the applicant is an organization, print the name of each principal officer of the organization or, if there are no principal officers, the principal members of the organization. Attach an additional sheet if more space is needed. A minimum of two principal officers or principal members must be identified.

**Signature of applicant or principal officer/member:** This declaration must be signed by the applicant if the applicant is an individual. If the applicant is an organization, the declaration must be signed by two principal officers of the organization or, if there are no principal officers, by two principal members of the organization. Signing a false statement is a serious offence and is subject to significant penalties.

**Printed name of applicant or principal officer/member:** Print the name of the applicant or principal officer/member who signed the declaration.

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**For more information  
Phone toll-free 1-800-661-8683 / TTY 1-888-456-5448**

or contact  
Elections BC  
Mailing address: PO Box 9275 Stn Prov Govt, Victoria, BC V8W 9J6  
Phone: 250-387-5305  
Fax: 250-387-3578  
Toll-free Fax: 1-866-466-0665  
Email: [electoral.finance@elections.bc.ca](mailto:electoral.finance@elections.bc.ca)  
Website: [elections.bc.ca](http://elections.bc.ca)