



Debt Retirement Charge Program (DRC)  
 33 King St West  
 PO Box 620  
 Oshawa ON L1H 8E9

# Debt Retirement Charge (DRC) Program - Registration

Ce formulaire est disponible en français.

Office Use Only - Profile ID

## A General Information

Full Legal Name of Registrant (if different from above)

Full Trade Name(s) of Registrant (if applicable)

Business Classification  Sole Proprietor  Partnership  Corporation  Other (describe) \_\_\_\_\_

## B Information about Registrant

Ontario Energy Board (OEB) Licence Number (if more than one attach list)	Ontario Corporation No.	Business Identification No.

### Business Address - where records are kept (check if same as above)

Street No. and Name/Lot No./Concession/Township		Suite/Unit	
Post Office/RR No.			
City/Town	Province/State	Country	Postal Code/Zip Code

### Business Telephone No.

Telephone No. (incl. Area Code)	Fax No. (incl. Area Code)	e-Mail Address (if applicable)
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### Mailing Address - for DRC returns, statements, bulletins, etc. (check if same as above)

Street No. and Name/Lot No./Concession/Township		Suite/Unit	
Post Office/RR No.			
City/Town	Province/State	Country	Postal Code/Zip Code

## C Person to Contact for DRC Purposes

Last Name	First Name	Initial
Position Held		
Telephone No. (incl. Area Code)	Fax No. (incl. Area Code)	e-Mail Address (if applicable)

**D Multiple Business Locations**

Do you operate from more than one place of business?  No  Yes (attach a list of all locations)

Do you want to file DRC returns from more than one place of business?  No  Yes (complete **Schedule A** and attach it to this registration)

**E Self-Generating Users ONLY** (complete Schedule B and attach it to this registration)

Enter the result of your calculation from line 3 of **Schedule B** here:

**F Information about Sole Proprietor, Partners, Officers and Directors** (attach list if necessary)

Last Name	First Name	Initial
Position Held	Business Telephone No. (incl. Area Code)	

Last Name	First Name	Initial
Position Held	Business Telephone No. (incl. Area Code)	

**G Certification**

This registration form must be signed by: (a) an owner, if proprietorship;  
(b) a partner, if a partnership;  
(c) an officer, if a corporation or association.

Last Name	First Name	Initial
Position Held		

Telephone No. (incl. Area Code)	Fax No. (incl. Area Code)	e-Mail Address (if applicable)
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I certify that the information provided on this registration and any attachment(s) is true, accurate and complete.

Signature

Date