

# Warranty Consent Form

## AUTHORIZATION FOR RELEASE OF INFORMATION

TO: \_\_\_\_\_

(hereby referred to as the “**Home Warranty Insurance Provider**”)

I, \_\_\_\_\_, (the “**Signatory**”) \_\_\_\_\_ of  
 (name) (position in company, if applicable)

\_\_\_\_\_ (the “**Company**”),  
 (legal name of company, if applicable)

have the legal power and authority to bind the Company (if applicable) and HEREBY AUTHORIZE the Home Warranty Insurance Provider to release the following information:

One certified copy of the records of the **Signatory** and the **Company**, including all applications for enrolment of the Company or Signatory with home warranty insurance, all claims history information, all inspections history information and all other documents and correspondence between the **Signatory** and the **Company** and the and Home Warranty Insurance Provider

TO: **Licensing and Consumer Services**  
**British Columbia Housing Management Commission**  
**203 - 4555 Kingsway**  
**Burnaby, BC, V5H 4T8**  
**Attention: Michelle Hayes, Executive Director & Registrar**

I CONSENT TO THE USE OF THIS INFORMATION BY LICENSING AND CONSUMER SERVICES FOR THE PURPOSES OF ASSESSING MY ELIGIBILITY TO OBTAIN OR RENEW A LICENCE UNDER THE *HOMEOWNER PROTECTION ACT*.

I hereby release the Home Warranty Insurance Provider, its employees and agents, from any and all claims whatsoever which may arise as a result of the release of the above information.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

WITNESS AS TO SIGNATURE: )  
 )  
 \_\_\_\_\_ )  
 Name )  
 \_\_\_\_\_ )  
 Address )  
 \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 Occupation )  
 \_\_\_\_\_ )

\_\_\_\_\_  
 Signature of consenting individual and authorized signatory  
 of the Company

\_\_\_\_\_  
 Name