



Notification of Change of Key Information

For notification of changes in any of the following key information, a **requirement** for certification. **IMPORTANT:** List your **Name and Operator Number**. Then, complete the sections for each item that has changed, providing the new information. Send the completed and signed form to TCO Cert.

CHANGED INFORMATION		DATE (Month/Day/Year):	
1. APPLICANT'S CONTACT INFORMATION		2. OPERATION'S CONTACT INFORMATION	
Name:		Name:	
Old Address:		Old Address (if different than applicant(s):	
New Address:		New Address (if different than applicant(s):	
City:	Prov:	City:	Prov:
Postal Code:	Country:	Postal Code:	Country:
Phone 1:	Phone 2:	Phone 1:	Phone 2:
Cell:	Fax:	Cell:	Fax:
Email Address:		Email Address:	
Website:		Website:	
Alternate Contact's Name/Phone:		Alternate Contact's Name/Phone:	
Operator Number:			
New Legal Status:		<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Trust or non-profit <input type="checkbox"/> Corporation	
		<input type="checkbox"/> Legal Partnership (federal form 1065) <input type="checkbox"/> other (specify):	
Briefly describe any changes in legal status:			
3. CHANGES IN OWNERSHIP		4. CHANGES IN CONTROL (MANAGEMENT)	
Name:		Name:	
Address:		Address:	
City:	Prov:	City:	Prov:
Postal Code:	Country:	Postal Code:	Country:
Phone 1:	Phone 2:	Phone 1:	Phone 2:
Cell:	Fax:	Cell:	Fax:
Email Address:		Email Address:	
Briefly describe the change in ownership:		Briefly describe the change in control (management):	
Alternate Contact's Name/Phone:		Alternate Contact's Name/Phone:	
Affirmation			
I affirm that all statements made in this notification are true, correct, and complete.			
Signature of Operator: _____ Date (Month/Day/Year): _____			
Submit completed form to:		Chapter members: Please send a copy of this form to your chapter.	
TCO Cert		Name of Chapter: _____	
PO Box 3429			
Humboldt, SK S0K 2A0 Phone: (306) 800-5210 Fax: (306) 800-5211 E-mail: info@tcocert.ca			