

School District No 60/ Peace River North International Education Program 9304-86th Street, Fort St John British Columbia, Canada, V1J 6L9 Tel. 250-785-4429 Fax: 250-785-4687

The following information is required from all new Agents:

Company Name		Representative Full Name	
Street Address		City/Province	
Country	Postal Code	Telephone No.	
Fax No.	Cell Phone No.	Email Address	
How long has you	ur agency been in business?		
What is your bus	iness number?		
Will you authoriz	ze to complete a credit check? Y	ES NO	
How many stude	nts did your agency send abroad	l in the last 12 months?	
If not an agency,	but an individual, your S.I.N. is r	equired:	
Do vou rocruit In	tarnational Students for any oth	or school district: VFS NO	

Please provide us with three references that we may call or e-mail.

Reference 1			
Name:			
How long have you known this person:		months	
What is your relationship to this person:			
Telephone number:		 	
E-mail address:			
This person permanently resides in:			
Date called: By whom:			
Comments:			
Reference 2			
Name:			
How long have you known this person:			
What is your relationship to this person:			
Telephone number:			
E-mail address:			
This person permanently resides in:			
Date called: By whom:			
Comments:			
Reference 3			
Name:			
How long have you known this person:	years	months	
What is your relationship to this person:			
Telephone number:			
E-mail address:			
This person permanently resides in:			
D			
Date called: By whom:			
Comments:			