



PRODUCT CARE ASSOCIATION
7781 Vantage Way, Delta, B.C. V4G 1A6
Phone: 604 592-2972 Fax: 604 592-2982
Web: www.productcare.org

NOTIFICATION OF NAME CHANGE

Current Name of Depot: _____

Depot Phone No.: _____

Depot Address: _____

Depot Contact: _____

Effective Date: _____

CHANGE DETAILS

With the name change, is this an “operating as” or a legal name change? Will the corporation named on the contract remain same or will it be changing? This will help determine if new contracts are required.

- Corporate (Legal) name is staying the same; just the operating name is changing**
- Corporate (Legal) name is changing**

NEW DEPOT NAME INFO:

New name of Depot: _____

Email: _____

Phone: _____

Reason for the name change: (please give details):

Please provide the steps involved in making this decision to close: (Please use additional paper if required)

If you had the opportunity would you participate in our program again? Yes No

What comments do you have on our program? (Please use additional paper if required)

What could we do to improve the program in the future? (Please use additional paper if required)

Other Comments: (Please use additional paper if required)

Have you had any spills at this site? Yes No

If yes – please advise date _____ Was spill reported? Yes No

If not reported, why not? _____

By signing this form, I verify the above information is correct and complete.

Print Name _____

Position _____

Signature _____

Date _____

**Please send this completed form to bcospaint@productcare.org
or via fax to 604-592-2982. Thank you.**