Acrobat Reader 6.0 or higher is required to complete, save & submit this form.

Print Form

Alberta

Search Request for Expired/Discharged Registration Number(s)

Person Requesting Search

Business Name or Last Name | First Name | Middle Name

Street Address | City | Province | Postal Code

Payment Type - *Select one*

☐ Cash ☐ Cheque ☐ Account _____

Distribution Method - *Select one*

Number

☐ Mail ☐ Call Box _____ ☐ Email

☐ Print ☐ Fax _____ Address _____

Registration Number(s)

Your Reference Number

Authorized Signature

Name of Person Authorized to Complete this Form (PRINT) | Telephone Number | Call Box Number

Office Use Only

Control Number

Registry Agent Office Use Only

Date of Submission (yyyy/mm/dd)

REG3329 (2007/01)

Reset

Save Form

Print Form