



Vendor Application and Change Form

To obtain a vendor (billing) number, please complete this form and sign and fax it to 604-682-7967, or e-mail it to helpdesk.finance@lss.bc.ca. Once you have been set up, we will notify you.

CHANGES:

For non e-services vendors, use this form to update any changed information.

For e-services vendors, please use My Profile to update your information. If you have any questions, please call 604-601-6111.

Have you applied for a vendor number in the past?

N Y If yes, what is your LSS vendor number? _____

If you are applying to reactivate your vendor number, please use the [Vendor Number Reapplication Form](#).

Name _____

Law Society no. _____

First called to bar _____
Month and year

Province _____

Please provide the following if applicable:

GST no. _____

WorkSafeBC no. _____

Gender: Male Female

Do you identify as:

Aboriginal Aboriginal — Band Affiliation

Aboriginal — Status Métis Inuit

Primary Address

Your primary address is where we will send all correspondence including updates, notices, and payments (if you are not using Direct Deposit).

Firm and/or c/o name _____

Street address _____

City _____

Province _____

Postal code _____

Phone no. (____) _____

Fax no. (____) _____

Cell no. (____) _____

Message no. (____) _____

Toll-free no. (____) _____

General e-mail _____

e-services e-mail _____

Is this location wheelchair accessible? Y N

Referral Address (if different than address above)

Your referral address is where referrals are sent. Your primary and referral addresses may be the same.

Firm and/or c/o name _____

Street address _____

City _____

Province _____

Postal code _____

Phone no. (____) _____

Fax no. (____) _____

Cell no. (____) _____

Message no. (____) _____

Toll-free no. (____) _____

Is this location wheelchair accessible? Y N

Referral Availability

Please indicate any extended periods of time during which you will not be available to accept referrals:

Unavailable for the following reason:

Retired Sabbatical leave Non-practising Moved out of province Maternity/Parental

Bench Ceased Member Vendor's Choice

Start date: _____

End date: _____

Remarks: _____



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Special Interest

Please indicate if you have a special interest in the areas listed to assist LSS in referring cases:

- Physical disabilities Mental disabilities

Languages

In addition to English, please identify any other languages in which you are fluent and in which you are willing to accept referrals:

- | | | |
|---|-----------------------------------|---|
| <input type="checkbox"/> Aboriginal | <input type="checkbox"/> German | <input type="checkbox"/> Somali |
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Japanese | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Tagalog (Filipino) |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Polish | <input type="checkbox"/> Tamil |
| <input type="checkbox"/> Farsi | <input type="checkbox"/> Punjabi | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> French | <input type="checkbox"/> Russian | <input type="checkbox"/> Other _____ |

Specialized Areas of Law

Please identify any specialized areas of law from the list below in which you are willing to accept referrals (Include).

Please identify any areas of law from the list below in which you would prefer *not* to receive referrals (Exclude).

Criminal

Include	Exclude		Include	Exclude	
<input type="checkbox"/>	<input type="checkbox"/>	Aboriginal — criminal	<input type="checkbox"/>	<input type="checkbox"/>	Historic sexual assault
<input type="checkbox"/>	<input type="checkbox"/>	Aboriginal — fishing rights	<input type="checkbox"/>	<input type="checkbox"/>	Home invasion
<input type="checkbox"/>	<input type="checkbox"/>	Aboriginal — restorative justice	<input type="checkbox"/>	<input type="checkbox"/>	Impaired driving causing death
<input type="checkbox"/>	<input type="checkbox"/>	Aboriginal — sentencing	<input type="checkbox"/>	<input type="checkbox"/>	Mental health
<input type="checkbox"/>	<input type="checkbox"/>	Commercial crime/fraud	<input type="checkbox"/>	<input type="checkbox"/>	Prison issues
<input type="checkbox"/>	<input type="checkbox"/>	Dang. offender/long off. appeals	<input type="checkbox"/>	<input type="checkbox"/>	Sexual assault
<input type="checkbox"/>	<input type="checkbox"/>	Drug conspiracies	<input type="checkbox"/>	<input type="checkbox"/>	Wire tap cases
<input type="checkbox"/>	<input type="checkbox"/>	Extradition appeals	<input type="checkbox"/>	<input type="checkbox"/>	Youth

CFCSA

Include	Exclude		Include	Exclude	
<input type="checkbox"/>	<input type="checkbox"/>	Aboriginal — family law	<input type="checkbox"/>	<input type="checkbox"/>	Mediation/collaboration
<input type="checkbox"/>	<input type="checkbox"/>	Cancellation of CCO's			

Family

Include	Exclude		Include	Exclude	
<input type="checkbox"/>	<input type="checkbox"/>	Aboriginal — family law	<input type="checkbox"/>	<input type="checkbox"/>	Mediation/collaboration
<input type="checkbox"/>	<input type="checkbox"/>	Family FMEP	<input type="checkbox"/>	<input type="checkbox"/>	Sexual abuse/abuse of children
<input type="checkbox"/>	<input type="checkbox"/>	Hague convention cases			

Immigration

Include	Exclude	
<input type="checkbox"/>	<input type="checkbox"/>	H&C submissions (Appeals)



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Case Types

Please indicate **at least one (1)** of the case types/areas of law in which you practise and would like to receive referrals:

- | | |
|---|--|
| <input type="checkbox"/> Criminal | <input type="checkbox"/> Appeals — Criminal |
| <input type="checkbox"/> Family | <input type="checkbox"/> Appeals — Family |
| <input type="checkbox"/> CFCSA | <input type="checkbox"/> Appeals — CFCSA |
| <input type="checkbox"/> Immigration | <input type="checkbox"/> Appeals — Immigration |
| <input type="checkbox"/> CC Section 278 | |

Court Locations

These are the courts at which you typically practise *without* allowance for travel time. (**Note:** *Meterage is not affected. See Guide to Legal Aid Tariffs.*) Please indicate at least one, but **up to a maximum of five (5)** preferred court locations using the first column (Pref) and any number of other court locations using the second column (Other):

Pref	Other		Pref	Other		Pref	Other	
<input type="checkbox"/>	<input type="checkbox"/>	100 Mile House	<input type="checkbox"/>	<input type="checkbox"/>	Ganges	<input type="checkbox"/>	<input type="checkbox"/>	Parksville
<input type="checkbox"/>	<input type="checkbox"/>	Abbotsford	<input type="checkbox"/>	<input type="checkbox"/>	Gold River	<input type="checkbox"/>	<input type="checkbox"/>	Pemberton
<input type="checkbox"/>	<input type="checkbox"/>	Alexis Creek *	<input type="checkbox"/>	<input type="checkbox"/>	Golden	<input type="checkbox"/>	<input type="checkbox"/>	Penticton
<input type="checkbox"/>	<input type="checkbox"/>	Anahim Lake *	<input type="checkbox"/>	<input type="checkbox"/>	Good Hope Lake *	<input type="checkbox"/>	<input type="checkbox"/>	Port Alberni
<input type="checkbox"/>	<input type="checkbox"/>	Ashcroft	<input type="checkbox"/>	<input type="checkbox"/>	Grand Forks	<input type="checkbox"/>	<input type="checkbox"/>	Port Coquitlam
<input type="checkbox"/>	<input type="checkbox"/>	Burns Lake	<input type="checkbox"/>	<input type="checkbox"/>	Hazelton	<input type="checkbox"/>	<input type="checkbox"/>	Port Hardy
<input type="checkbox"/>	<input type="checkbox"/>	Campbell River	<input type="checkbox"/>	<input type="checkbox"/>	Houston	<input type="checkbox"/>	<input type="checkbox"/>	Powell River
<input type="checkbox"/>	<input type="checkbox"/>	Castlegar	<input type="checkbox"/>	<input type="checkbox"/>	Hudson's Hope	<input type="checkbox"/>	<input type="checkbox"/>	Prince George
<input type="checkbox"/>	<input type="checkbox"/>	Chase	<input type="checkbox"/>	<input type="checkbox"/>	Invermere	<input type="checkbox"/>	<input type="checkbox"/>	Prince Rupert
<input type="checkbox"/>	<input type="checkbox"/>	Chetwynd	<input type="checkbox"/>	<input type="checkbox"/>	Kamloops	<input type="checkbox"/>	<input type="checkbox"/>	Princeton
<input type="checkbox"/>	<input type="checkbox"/>	Chilliwack	<input type="checkbox"/>	<input type="checkbox"/>	Kelowna	<input type="checkbox"/>	<input type="checkbox"/>	Queen Charlotte City *
<input type="checkbox"/>	<input type="checkbox"/>	Clearwater	<input type="checkbox"/>	<input type="checkbox"/>	Kitimat	<input type="checkbox"/>	<input type="checkbox"/>	Quesnel
<input type="checkbox"/>	<input type="checkbox"/>	Colwood	<input type="checkbox"/>	<input type="checkbox"/>	Klemtu *	<input type="checkbox"/>	<input type="checkbox"/>	Revelstoke
<input type="checkbox"/>	<input type="checkbox"/>	Courtenay	<input type="checkbox"/>	<input type="checkbox"/>	Lillooet	<input type="checkbox"/>	<input type="checkbox"/>	Richmond
<input type="checkbox"/>	<input type="checkbox"/>	Cranbrook	<input type="checkbox"/>	<input type="checkbox"/>	Lower Post *	<input type="checkbox"/>	<input type="checkbox"/>	Rosland
<input type="checkbox"/>	<input type="checkbox"/>	Creston	<input type="checkbox"/>	<input type="checkbox"/>	Mackenzie	<input type="checkbox"/>	<input type="checkbox"/>	Salmon Arm
<input type="checkbox"/>	<input type="checkbox"/>	Dawson Creek	<input type="checkbox"/>	<input type="checkbox"/>	Masset *	<input type="checkbox"/>	<input type="checkbox"/>	Sechelt
<input type="checkbox"/>	<input type="checkbox"/>	Dease Lake	<input type="checkbox"/>	<input type="checkbox"/>	McBride	<input type="checkbox"/>	<input type="checkbox"/>	Sidney
<input type="checkbox"/>	<input type="checkbox"/>	Duncan	<input type="checkbox"/>	<input type="checkbox"/>	Merritt	<input type="checkbox"/>	<input type="checkbox"/>	Smithers
<input type="checkbox"/>	<input type="checkbox"/>	Fernie	<input type="checkbox"/>	<input type="checkbox"/>	Nakusp	<input type="checkbox"/>	<input type="checkbox"/>	Sparwood
<input type="checkbox"/>	<input type="checkbox"/>	Fort Nelson	<input type="checkbox"/>	<input type="checkbox"/>	Nanaimo	<input type="checkbox"/>	<input type="checkbox"/>	Stewart *
<input type="checkbox"/>	<input type="checkbox"/>	Fort St. James	<input type="checkbox"/>	<input type="checkbox"/>	Nelson	<input type="checkbox"/>	<input type="checkbox"/>	Surrey
<input type="checkbox"/>	<input type="checkbox"/>	Fort St. John	<input type="checkbox"/>	<input type="checkbox"/>	New Aiyansh	<input type="checkbox"/>	<input type="checkbox"/>	Tahsis
<input type="checkbox"/>	<input type="checkbox"/>	Fort Ware *	<input type="checkbox"/>	<input type="checkbox"/>	New Westminster	<input type="checkbox"/>	<input type="checkbox"/>	Terrace
<input type="checkbox"/>	<input type="checkbox"/>	Fraser Lake	<input type="checkbox"/>	<input type="checkbox"/>	North Vancouver	<input type="checkbox"/>	<input type="checkbox"/>	Tofino



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- | | | | | | | | | |
|--------------------------|--------------------------|-----------------|--------------------------|--------------------------|------------|--------------------------|--------------------------|---------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Tsay Keh Dene * | <input type="checkbox"/> | <input type="checkbox"/> | Valemont | <input type="checkbox"/> | <input type="checkbox"/> | Vernon |
| <input type="checkbox"/> | <input type="checkbox"/> | Tumbler Ridge | <input type="checkbox"/> | <input type="checkbox"/> | Vancouver | <input type="checkbox"/> | <input type="checkbox"/> | Victoria |
| <input type="checkbox"/> | <input type="checkbox"/> | Ucluelet | <input type="checkbox"/> | <input type="checkbox"/> | Vanderhoof | <input type="checkbox"/> | <input type="checkbox"/> | Williams Lake |

* Circuit Court Locations

Court Level

Please identify all court levels at which you practise for which you are willing to accept referrals:

- | | |
|--|--|
| <input type="checkbox"/> Provincial Court | <input type="checkbox"/> Administrative Tribunal |
| <input type="checkbox"/> Supreme Court of BC | <input type="checkbox"/> IRB (ID, IAD, RPD) |
| <input type="checkbox"/> BC Court of Appeal | <input type="checkbox"/> Federal Court |
| <input type="checkbox"/> Supreme Court of Canada | <input type="checkbox"/> Federal Court of Appeal |

Signature: _____

Date: _____

The *Guide to Legal Aid Tariffs* and billing forms are on the LSS website at www.lss.bc.ca under "Lawyers." Contact the Tariff Helpdesk at (604) 601-6155 or by e-mail helpdesk.tariff@lss.bc.ca.