EMPLOYER PASS PROGRAM
LOST OR STOLEN PASS FORM

PLEASE PRINT CLEARLY

Last Name _____ First Name _____ Phone Number _____ Name of Employer _____

LOST OR STOLEN PASS – (please check appropriate boxes):

My Employer Pass has been:

☐ **Lost -** as of _____.
(Date)

☐ **Stolen –** as of _____
(Date)
Police Report Number: _____

☐ **This is the**:

☐ first

☐ second

☐ third, or subsequent, time my Employer Pass has been lost or stolen.

Conditions:

1. **This form must be accompanied by payment of $50 to your employer who will remit this payment to TransLink on your behalf and, if this is the second or subsequent time the Employer Pass has been lost or stolen, the statutory declaration below must be completed and witnessed by a person authorized for taking oaths and affidavits in British Columbia.**
2. Employee remains liable for any amounts outstanding to TransLink.

Employee Acknowledgement:
I acknowledge that the information I have provided above is true and correct. I acknowledge that my participating in the Employer Pass Program, I am bound by the Employee Enrolment Contract posted on TransLink's website, as amended from time to time, and that the Employee Enrolment Contract posted on TransLink's website replaces any prior contract. I understand that if my Employer Pass is lost or stolen a third or subsequent time, TransLink may choose, in its sole discretion, to cancel my participation in the Program.

Employee Signature _____ Date _____

STATUTORY DECLARATION – (please complete if Employer Pass has been lost or stolen for a second or subsequent time)

I, _____, of the City of _____ in the Province of British Columbia do solemnly declare that:
(Name)

1. I am an employee of _____.
2. My Employer Pass has been lost or stolen for a _____ time since I enrolled in the Employer Pass Program.
3. If I am reporting my Employer Pass as having been stolen, the police report number for my stolen Employer Pass is _____.
4. I make this solemn declaration conscientiously believing it to be true and knowing that is of the same force and effect as if made under oath, and by virtue of the *Canada Evidence Act*.

DECLARED before me at the City of _____)

in the Province of British Columbia, this _____ day of _____) Signature of Employee: _____

20_____) Name of Employee: _____

_____)
A Commissioner for taking Affidavits in British Columbia

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