

## Request to Waive Fees for Licensing

**Date:**

**Name:**

**Company/Organization:**

**Address:**

**Website Link:**

**Contact Email/ Phone number:**

**List of images/Call numbers:**



ROYAL BC  
MUSEUM

Will the final product be for sale: Yes  No

Will the image(s) be used on a website or in media: Yes  No

Are you affiliated with a not-for-profit organization? Yes  No

If yes: Name of organization \_\_\_\_\_

**Reason for the request:**<sup>1</sup>

### For Office Use Only

Request Approved: Yes  No

Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

Chief Executive Officer

<sup>1</sup> Note: All approvals are for this request only. Future requests for a waiver of fees by the same person/party will require a new request to be submitted.