



**College of Denturists of British Columbia**  
 101 – 309 Sixth Street  
 New Westminster, BC V3L 3A7  
 Tel: 604-515-0533 Fax: 604-515-0534

**Inactive**

**Application for Renewal of Registration 2010 - 2011**

**1) License Renewal**

I, \_\_\_\_\_ (print name) apply to renew my license with the College of Denturists of British Columbia and attest that my criminal record status did not change (all changes must be disclosed to the College office) and that I will comply with the *Health Professions Act (RSBC 1996)*, the Denturist Regulation, and the Bylaws of the College of Denturists of BC.

**2) Personal Contact Information**

In some circumstances, the address you provide to the College may be your home address or otherwise a private address **that you do not wish to have disclosed**. This address is generally not listed in telephone directories and will not be disclosed under information / privacy legislation.

Address \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
 \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_  
 City \_\_\_\_\_ Postal Code \_\_\_\_\_

**3) Email**

I regularly check the email address stated below and give the College permission to correspond with me via email, including items such as, but not limited to, statements related to quality assurance or continuing education, and financial matters such as invoices.

Email address: \_\_\_\_\_

**4) Checklist**

Please ensure you have included each of the following;

- Completed Application for Registration Renewal
- Payment

**5) Declaration:** By signing this form, I verify that the information is complete and truthful:

Registrant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_, 2010

**The payment deadline is March 31<sup>st</sup>**  
**The penalty for late registration is \$70**  
**[Bylaw 57(1)]**