



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

Inactive

2012 - 2013 Application for Renewal of Registration

1) License Renewal

I, _____ apply to renew my license with the
 (please print name)
 College of Denturists of British Columbia (CDBC) and attest that my criminal record status did not change (all changes must be disclosed to the CDBC office). I also agree to comply with the *Health Professions Act (RSBC 1996)*, the Denturists Regulation, and the bylaws of the CDBC.

2) Residential Address

This is the contact information for your home address or otherwise a private address. This address is protected under information/privacy legislation and will not be disclosed.

Address _____ Phone Number (____) _____
 _____ Fax Number (____) _____
 City _____ Postal Code _____

3) Email

I regularly check the email address below and give the CDBC permission to correspond with me through electronic mail. The CDBC may send items such as the Articulator newsletter, financial statements, such as invoices, and important quality assurance information.

Email address: _____
 (please print)

4) Checklist

Please ensure you have included the following;

- Completed Application for Registration Renewal
- Payment

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

Registrant's Signature: _____ Date: _____, 2012

The payment deadline is March 31st
The penalty for late registration is \$70
[CDBC bylaw: section 57(1)]