



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

**Form 14**

**APPLICATION FOR RENEWAL OF HEALTH PROFESSION CORPORATION PERMIT**

**1. APPLICANT INFORMATION**

Name: \_\_\_\_\_ CDBC Reg. No.: \_\_\_\_\_

**2. CORPORATION INFORMATION**

Corporation name: \_\_\_\_\_

**Check one of the following and provide any information required:**

(a) There are no changes to the information I provided in my last application for a health profession corporation permit (or renewal of a permit) that I have not already advised the Board about in writing.

(b) The information provided in my last application for a health profession corporation permit (or renewal of a permit) has changed as follows

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**4. FEE AND DOCUMENTARY REQUIREMENTS**

I attach payment of \$26.25 (the health profession corporation permit renewal fee of \$25, plus GST) in the form of a cheque or money order made out to the College of Denturists of BC

**5. DECLARATION**

I declare that, to the best of my knowledge and belief, the answers I have provided and the statements I have made in this application form are correct and true.

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

Signature of Applicant: \_\_\_\_\_

As a public body, the CDBC must protect the privacy of the personal information it collects in accordance with the requirements of the *Freedom of Information and Protection of Privacy Act*. The information you provide in this form will be used for the operations of the CDBC under the *Health Professions Act*, including in particular, the processing of this application. The CDBC must make available to the public the names of all registrants and former registrants, as well as, the registrants' business address and telephone number.