



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

Form 3

STATUTORY DECLARATION

I, _____, of _____
(applicant's name) (address and city)

in the Province/State of _____, do solemnly declare that:

1. My past conduct does not demonstrate any pattern of incompetency or untrustworthiness, which would make registration contrary to the public interest.
2. I am a person of good character.
3. Before practicing in British Columbia, I will read the *Health Professions Act*, the regulations and the bylaws of the College of Denturists of British Columbia, and at all times, I will practice in compliance with the Act and those regulations and bylaws.

AND I make this solemn declaration, conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Signature of Applicant: _____

Declared before me at the city of _____, in the Province/State of

_____, this _____ day of _____, 20_____.

Signature and Seal: _____
Judge, Notary Public, Justice of the Peace or Commissioner authorized to take such Affidavits