

## DENTURIST APPLICATION FOR HEALTH PROFESSION CORPORATION PERMIT

### Applicant Information

**Surname** \_\_\_\_\_**First** \_\_\_\_\_ **Middle** \_\_\_\_\_**BCCOHP Registration Number** \_\_\_\_\_**Applicant Address**

Number &amp; Street \_\_\_\_\_ City \_\_\_\_\_

Province/State \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_

Country \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_

### Corporation Information

**Corporation name** \_\_\_\_\_**Business address:** *(if different from the address of the applying registrant above)*

Number &amp; Street \_\_\_\_\_ City \_\_\_\_\_

Province/State \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_

Country \_\_\_\_\_

### Status of Corporation

Is the Corporation a company within the meaning of the *Business Corporations Act*?  Yes  NoIs the Corporation in good standing under the *Business Corporations Act*?  Yes  No

All the voting shares of the Corporation are legally and beneficially owned by:

Name	Relation to applicant

***If a legal or beneficial owner is a company, please describe the legal and beneficial owners of the voting and non-voting shares of that company on a separate page and attach.***

All the non-voting shares of the Corporation are legally and beneficially owned by:

Name	Relation to applicant

***If a legal or beneficial owner is a company, please describe the legal and beneficial owners of the voting and non-voting shares of that company on a separate page and attach. If the non-voting shares are held in trust, please describe the beneficiaries of the trust, the law governing the trust and the residence of the trustee, and confirm that the trustee has been approved by the College Board.***

The directors of the Corporation are:

Name	Registration number

Will all people providing services on behalf of the Corporation be a registrant of the College or under the supervision of a registrant of the College?  Yes  No

Do the articles of the Corporation provide for the disposition, in accordance with section 43 of the Act, of the shares of a shareholder who dies, ceases to be a registrant or who ceases to be qualified to practise denturism?  Yes  No

\* Has the Corporation previously had its health profession corporation permit revoked?  Yes  No

\* Was any shareholder, director or officer of the Corporation, a shareholder, director or officer of a corporation that previously had its permit revoked?  Yes  No

***\* If you answer YES to either of these questions, please provide a written explanation of that answer on a separate sheet of paper.***

## Fee and Documentary Requirements

I attach the following:

- payment of \$52.50 (the health profession corporation permit application fee of \$50, plus GST) in the form of a cheque or money order made out to the College of Denturists of BC
- a true copy of the Certificate of Incorporation for the Corporation

## 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, and
- I will ensure the College Board is promptly advised in writing of any change to the information contained in this application form.

**Signature of Applicant** \_\_\_\_\_ **Date – M/D/Y** \_\_\_\_\_

As a public body, the BCCOHP 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 BCCOHP under the *Health Professions Act*, including in particular, the processing of this application. The BCCOHP must make available to the public the names of all registrants and former registrants, as well as, the registrants' business address and telephone number.