



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

**Active
Full**

Application for Registration

I, _____ (print name), hereby make application to the Registration Committee for registration in the Active Full Class. I declare that I have:

- Graduated from a program listed (Schedule A), or equivalent;
- Attached three reference letters as evidence to the Registration Committee that my good character is consistent with the responsibilities of a registrant and the standards expected of a registrant;
- And submit to the Registrar:
 - (i) the initial application fee (\$168.00);
 - (ii) a passport sized picture of the applicant, signed by a notary, indicating that the likeness of the person is the person applying for registration;
 - (iii) a statutory declaration;
 - (iv) a signed authorization for criminal records search under the *Criminal Records Review Act*.

Signed this _____ day of _____, 20__.

Signature

Print Name

Address

City

Postal Code

Phone

Cellular

e.mail address