



## APPLICATION FOR DENTAL CORPORATION PERMIT – FORM 28

### Name or Proposed Name of Corporation

(subject to Registrar’s approval under section 11.03 of CDSBC Bylaws)

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### Has the name or proposed name of the corporation previously been approved by CDSBC?

(If not, Application for Approval of Dental Corporation Name in Form 31 must be enclosed.)

Yes       No

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### Name and Contact Information for Applicant

(applicant must be a full registrant or restricted to specialty registrant who is an authorized signing authority for the corporation)

Surname \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

CDSBC Registration Number \_\_\_\_\_

Mailing Address of Applicant \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

### Business Address of Corporation (if different)

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

### Privacy and Security

The information you provide here relates to the operations of CDSBC under the *Health Professions Act* for the purpose of regulating the practice of dentistry in British Columbia. As a public body under the provisions of the *Freedom of Information and Protection of Privacy Act (FOIPPA)*, CDSBC provides security and confidentiality of your personal information.

**In support of this application, please attach the following:**

- Certificate of Solicitor (Form 29)
- An acknowledgment in Form 30 executed by each dentist who is or will be a voting shareholder of the corporation or of any holding company as defined under section 40.1 of the *Health Professions Act*
- A certified copy of the certificate of incorporation, filed transition application, certificate of amalgamation, or certificate of continuation, as the case may be, and any certificate of change of name, or certificate of restoration, issued to or filed by the corporation under the *Business Corporations Act*
- Application for Approval of Dental Corporation Name (Form 31), OR (if applicable) a copy of any approval previously issued by CDSBC for the dental corporation name
- Application fee of \$834 (payable to the College of Dental Surgeons of British Columbia)

I \_\_\_\_\_ (name of applicant), certify that the information contained in and attached to this application is true, complete and accurate.

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