



THE COLLEGE OF DENTAL HYGIENISTS OF BRITISH COLUMBIA

Suite 300, 388 Harbour Road
Victoria, British Columbia V9A 3S1

Telephone (250) 383 4101
(800) 778 8277 (within BC)
Facsimile (250) 383 4144
Email cdhbc@cdhbc.com
Website www.cdhbc.com

Dental Hygiene Corporation Name Application

PERSONAL INFORMATION

Surname _____ Given Names _____

Home Address _____
No. _____ Street _____ City _____

Province _____ Postal Code _____

Business Address _____
No. _____ Street _____ City _____

Province _____ Postal Code _____

Home Phone _____ Home Fax _____

Business Phone _____ Business Fax _____

Email Address _____

Registration Number (issued by CDHBC) _____

DENTAL HYGIENE CORPORATION NAME REQUESTED

- Please provide the College with three options.
- List the preferred name as the first choice and the least preferred name as the third choice.
- Names must be identical to the one(s) submitted for approval to BC Registry Services.
- **NAMES MUST INCLUDE** "Dental Hygiene" and Corporation, "Corp", "Incorporation" or "Inc."

First Choice _____

Second Choice _____

Third Choice _____

For Internal Use:

APPROVED NAME: _____

Date: _____

NOTIFICATION SENT TO REGISTRANT:

Date: _____

NOTIFICATION SENT TO REGISTRAR OF COMPANIES:

Date: _____