



THE COLLEGE OF DENTAL HYGIENISTS OF BRITISH COLUMBIA

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Victoria, British Columbia V8Z 6T8

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(800) 778 8277 (within BC)
Facsimile (250) 383 4144
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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: _____