



## THE COLLEGE OF DENTAL HYGIENISTS OF BRITISH COLUMBIA

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### 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 Board 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: \_\_\_\_\_