



THE COLLEGE OF DENTAL HYGIENISTS OF BRITISH COLUMBIA

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Photo Identification Notarization Form

Name of Applicant: _____

Signature of Applicant: _____ Date: _____

Instructions for Notary Public:

- Complete information required in ‘Certification of Notary Public’ box below.
- Attach a photocopy of applicant’s driver’s license or other government issued photo I.D to this form.
- Notary stamp and/or seal must be directly on photocopy attached to this form. The same stamp and/or seal should be affixed in the box below.

CERTIFICATION OF NOTARY PUBLIC

I, (name of Notary Public) _____ certify that the copy of I.D attached to this page is the likeness of the applicant as named above.

As of this _____ day of _____, _____, in the city of: _____,
Day Month Year

Province of: _____.

Signature and Stamp of Notary Public

Date signed and stamped

SEAL OR STAMP REQUIRED ON NOTARY SIGNATURE AND ON ATTACHED PHOTOCOPY OF I.D

Signature alone is not sufficient