

Document Request Form

Please PRINT all information clearly if you are not filling out this form electronically. The College understands the importance of protecting personal information. The information contained on this form will be used by the College in carrying out its regulatory activities only; for the purpose of regulating the profession in the public interest.

A. Personal Information		
First Name:	Last Name:	Registration Number:
Phone Number:	Email:	

B. Contact Information	
Provide the address where you would like your requested documents to be sent.	
Address:	Unit/Apt Number:
City:	Province/State:
Postal/Zip Code:	Country:

C. Items/Documents Requested	D. Reason for Request
Please select all that apply.	
<input type="checkbox"/> Replacement Certificate of Registration	<input type="checkbox"/> Lost/Damaged
<input type="checkbox"/> Replacement Certificate of Registration Decal	<input type="checkbox"/> Never Received One
<input type="checkbox"/> Replacement Photographic Identification Badge	<input type="checkbox"/> Legal Name Change
<input type="checkbox"/> Replacement Photographic Identification Badge Decal	

E. Legal Name Change Information (if applicable)

Provide your **new name** below. Supporting documentation must be provided with this form such as a copy of a marriage, change of name or divorce certificate.

First Name:	Middle Name:	Last Name:
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F. Declaration

I state that the above information is correct and true to the best of my knowledge and belief.

Signature:	Date:
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Submit this completed form to registration@collegeofopticians.ca and make payment in the registrant portal. In keeping with our goal to move to a paperless environment, documents received by mail will not be accepted.