College of Opticians of Ontario

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.

Please complete all sections below.

A. Personal Information			
First Name:	Middle Name:	Last Name:	Registration Number:

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:
Phone Number:	Fax Number:	Email:

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C. Items/Documents Requested (select all that apply)	D. Reason for Request	
☐ Certificate of Registration ($56.50)	☐ Lost	
☐ Certificate of Registration Decal ($28.25)	☐ Never Received One	
☐ Photographic Identification Badge ($56.50)	☐ Damaged	
☐ Photographic Identification Badge Decal ($28.25)	☐ Legal Name Change	
☐ Certified Contact Lens Fitter Certificate ($56.50)	☐ Third Party Request	Specify:
☐ Letter of Standing ($28.25)	☐ Other	Specify:

E. Legal Name Change Information		
Provide your <u>new</u> 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:

F. Declaration	
I state that the above information is correct and true to the best of my knowledge and belief.	
Signature:	Date:

A completed Form D – Credit Card Authorization Form (enclosed) in the appropriate amount must accompany this form. The fee is non-refundable.

Submit this form by email to registration@collegeofopticians.ca or by fax to 416-368-2713. In keeping with our goal to move to a paperless environment, documents received by mail will not be accepted.

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Form D – Credit Card Authorization 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.

Please complete all sections below.

A. Personal Information			
First Name:	Middle Name:	Last Name:	Registration Number:

B. Payment Information	
Card Holder Name:	
Phone Number:	
Authorized Amount to be Charged:	
Service Requested:	
Cardholder Signature:	Date:

Submit this form by email to registration@collegeofopticians.ca or by fax to 416-368-2713. College staff will call you at the number on the form to process the payment.