

## Document Request Form

Please PRINT all information clearly if you do not fill out this form electronically. **All fees listed on this form include HST.** Requests for documents cannot be acted upon until the College receives payment. Any credit card charges that are declined or NSF cheques that are returned to the College by the bank are subject to a \$45.20 administration fee. 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. All required information is marked with an \*.

A. Personal Information		
		*Registration Number <input type="text"/>

*Last Name <input type="text"/>	*First Name <input type="text"/>	Middle Name <input type="text"/>
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B. Address		
*Street Number <input type="text"/>	*Street Name <input type="text"/>	Unit / Apartment No. <input type="text"/>

P.O. Box <input type="text"/>	*City <input type="text"/>	Province <input type="text"/>	*Postal Code <input type="text"/>
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*Home Phone <input type="text"/>	Home Fax <input type="text"/>	Email <input type="text"/>
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C. Business Address		
Business Name <input type="text"/>	Street Number <input type="text"/>	Street Name <input type="text"/>

Unit Number <input type="text"/>	City <input type="text"/>	Province <input type="text"/>	Postal Code <input type="text"/>
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Business Phone <input type="text"/>	Business Fax <input type="text"/>	Email <input type="text"/>
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Major Intersection <input type="text"/>	<input type="text"/>
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D. Items and/or Documents Requested
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- Please check all that apply:
- |  |  |
|--|--|
| <input type="checkbox"/> Replacement Photographic Identification Badge Decal (\$11.30)   | <input type="checkbox"/> Replacement Certificate of Registration (\$56.50) |
| <input type="checkbox"/> Replacement Photographic Identification Badge (\$56.50)         | <input type="checkbox"/> Letter of Good Standing (\$11.30)                 |
| <input type="checkbox"/> Replacement Certificate of Registration Decal (\$11.30)         | <input type="checkbox"/> Duplicate Tax Receipt (\$5.65)                    |
| <input type="checkbox"/> Replacement Certified Contact Lens Fitter Certificate (\$56.50) | For the year(s): <input type="text"/>                                      |

E. Reason for Request
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- |  |  |                                  |
|--|--|----------------------------------|
| <input type="checkbox"/> Lost                | <input type="checkbox"/> Did not receive in mail     | <input type="checkbox"/> Damaged |
| <input type="checkbox"/> Legal name change** | <input type="checkbox"/> Other: <input type="text"/> |                                  |

**\*\* If you legally change your name you must also replace your Certificate of Registration, Certified Contact Lens Fitter Certificate and photographic identification badge. The College of Opticians of Ontario is legally required to use your full legal name on all documents, badges and certificates. A legal name change requires supporting documents such as a court certificate or marriage certificate.**

F. New Information for Legal Name Change - Supporting document required for any changes in this section
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Last Name <input type="text"/>	First Name <input type="text"/>	Middle Name <input type="text"/>
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Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	I hereby certify that my full, legal name is: <input type="text"/>
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Supporting Documentation Attached - *Affidavits are not acceptable as proof of change of name*

- |   |  |
|---|--|
| <input type="checkbox"/> Copy of Marriage Certificate       | <input type="checkbox"/> Copy of Divorce Certificate |
| <input type="checkbox"/> Copy of Change of Name Certificate |  |

**G. Agreement and Signature**

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

Optician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**H. Credit Card Authorization - to be completed ONLY if using this method of payment**

Last Name (if different from that in section A):

First Name (if different from that in section A):

Type of Credit Card:  VISA  MASTERCARD

Total Amount to be charged:

Card Number

Exp. Date

Signature for authorization of payment

**BEFORE EMAILING THIS FORM, PLEASE ENSURE THAT**

- Your name and registration number are filled in and are legible
- You have included all supporting documentation, where necessary (e.g. copy of your marriage certificate)
- You have dated and signed section G
- You have included the correct payment amount, your credit card number, expiry date and signature.

**Please email or fax this form to:**  
 The College of Opticians of Ontario  
 90 Adelaide Street West, Suite 300  
 Toronto, ON M5H 2V9  
 Fax: (416) 368-2713  
 Email: registration@collegeofopticians.ca

For Office Use Only - DO NOT WRITE IN THIS AREA			
Date Received	INT	Date Changed	INT
Date Mailed	INT	Tracking Number (if applicable)	