

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 is 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
*Last Name	*First Name	Middle Name

B. Address

*Street Number	*Street Name	Unit / Apartment No.	
P.O. Box	*City	Province	*Postal Code
*Home Phone	Home Fax	Email	

C. Business Address

Business Name		Street Number	Street Name
Unit Number	City	Province	Postal Code
Business Phone	Business Fax	Email	
Major Intersection			

D. Items and/or Documents Requested

Please check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Replacement Photographic Identification Badge Decal (\$11.30) | <input type="checkbox"/> Duplicate Certificate of Registration (\$56.50) |
| <input type="checkbox"/> Duplicate Photographic Identification Badge (\$56.50) | <input type="checkbox"/> Letter of Good Standing (\$11.30) |
| <input type="checkbox"/> Replacement Registration Certificate Decal (\$11.30) | <input type="checkbox"/> Duplicate Tax Receipt (\$5.65) |
| <input type="checkbox"/> Duplicate Certified Contact Lens Fitter Certificate (\$56.50) | For the year(s): _____ |

E. Reason for Request

- | | | |
|--|--|----------------------------------|
| <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: _____ | |

**** 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

Last Name	First Name	Middle Name
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		
I hereby certify that my full, legal name is: _____		

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. Method of Payment

I will be paying for the documents I have requested above by:

- Cheque (must be submitted with this form)
- Money Order (must be submitted with this form)
- Credit Card (VISA or MASTERCARD only)

I. 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: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD				Total Amount to be charged:			
Card Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Exp. Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	Signature for authorization of payment			

BEFORE MAILING THIS FORM, PLEASE ENSURE THAT

- Your name and registration number are filled in and clearly legible
- You have included all supporting documentation if necessary (e.g. copy of your marriage certificate)
- You have dated and signed section G
- You have included the **correct payment amount** by either cheque, money order or credit card
- If you are paying by credit card, that you have included your card number, expiry date and **SIGNATURE** (we cannot process your payment without these)

Please mail this form to:
 The College of Opticians of Ontario
 85 Richmond Street West, Suite 902
 Toronto, ON. M5H 2C9

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