



# NOTIFICATION OF OPTICAL BUSINESS OPENING IN BRITISH COLUMBIA

**THIS NOTICE SERVES TO INFORM THE COLLEGE OF OPTICIANS OF BRITISH COLUMBIA OF THE OPENING OF:**

Business Name			
Unit #	Building Name, Street Number and Name		
City	Prov.	Postal Code	Country
Work Phone and ext.	Work Fax	Manager Name	
Date of Opening			

**Registrant Information:**

Registrant Name: _____	Registration #: _____	Effective Date: _____
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**\*\* Important \*\***

All Registered Dispensing Opticians and Contact Lens Fitter Dispensing Opticians must have a minimum of \$1,000,000 (1 million) professional liability insurance. Liability insurance is mandatory for registration as a practicing member.

Please ensure that professional liability insurance policies are forwarded to the College within one business day of expiry.

**Registrant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name of Registrant:** \_\_\_\_\_