



**FORM 4: NOTIFICATION OF USE OF AUTOMATED REFRACTION EQUIPMENT**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Please list all individuals intending to use the automated refracting equipment:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

**TO THE BOARD OF THE COLLEGE OF OPTICIANS OF BRITISH COLUMBIA**

I, \_\_\_\_\_ (name), of \_\_\_\_\_

in the Province of British Columbia do solemnly declare, that I have completed the form above to the best of my knowledge and belief. The completed form hereto affixed is correct and true. And I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the CANADA EVIDENCE ACT.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date