



## NOTIFICATION OF OPTICAL STORE 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	Work E-mail	
Manager Name			

**Date of Opening is on:** \_\_\_\_\_  
Month / Day / Year

**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:** \_\_\_\_\_

**Printed Name of Registrant:** \_\_\_\_\_