COLLEGE OF ALBERTA
DENTURISTS

Character Declaration

For application to the College of Alberta Denturists as a Regulated Member

To be completed by the Declarant only.

Applicant's Name: _____

I have known the above named person for _____ years and have observed his\her character reputation in the following capacity:

-OVER-

Personal Information Privacy Act Consent

I hereby understand, agree, and acknowledge that as a result of my remittance of this form, that the College of Alberta Denturists will collect, use and disclose personal information about myself that is reasonably necessary for the operation of the College of Alberta Denturists and the discharge of its statutory duties.

I hereby authorize and consent to the collection, use and disclosure of personal information concerning myself, by the College of Alberta Denturists, with regard to the above purposes, as indicated by the completion of the Certification at the end of this form.

DECLARATION AND CERTIFICATION/AFFIRMATION

I solemnly declare/affirm that I am not related to the person named above, and that I believe that this person is of good character and reputation, and further, I hereby certify/affirm that the information contained in this application form, is accurate and complete to the best of my knowledge, and I sign this in the presence of a witness

on this_____day of _____, 20___, at.
DD MM

_____, _____, _____.
City or Town *Province/State/District* *Country*

_____ _____
Declarant Name (*print*) Witness Name (*print*)

_____ _____
Declarant Signature Witness Signature

Declarant Information:

Day Time Contact Phone Number: _____

Mailing Address: _____

City/Town: _____ Province/State/District: _____

Country: _____

Postal Code: _____