



# COLLEGE OF OPTOMETRISTS OF BRITISH COLUMBIA

## AUTHORIZATION FORM TO PREPARE AN OPTOMETRIC CORPORATION

I, \_\_\_\_\_  
(Insert your name above)

request approval of the following name for my optometric corporation:

“ \_\_\_\_\_, Optometric Corporation”

I have authorized the law firm of

(Please insert lawyer name, address, phone number and name of law firm below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

to act on my behalf and prepare the documents for my optometric corporation.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_