

DECLARATION OF TRANSFERRING CONTROLLING INTEREST

SECTION A: In order to transfer controlling interest of an approved place of practice to another registrant(s), **transferring registrant(s)** must complete Section A.

I/We:

(1)

Last Name First Name

Reg. # Signature

_____/_____/_____
Month Day Year

and

(2)

Last Name First Name

Reg. # Signature

_____/_____/_____
Month Day Year

hereby declare, effective ____/____/____, that I am/we are transferring controlling interest of:

i) Name:

Approved Place of Practice Name

ii) Address:

Approved Place of Practice Address

To:

Last Name First Name

Reg

and

Last Name First Name

Reg #

SECTION B: In order to receive controlling interest of the above place of practice, **the recipient registrant(s)** must complete Section B and Form 19 (*Place of Practice – Request for Name Approval*).

I/We:

(1)

Last Name First Name

Reg. # Signature

_____/_____/_____
Month Day Year

and

(2)

Last Name First Name

Reg. # Signature

_____/_____/_____
Month Day Year

hereby declare, effective ____/____/____, that I/we will have controlling interest of:

Place of Practice Name **and/or** _____
Place of Practice Address

Note: All applicable sections must be completed