



**THE COLLEGE OF OPTOMETRISTS OF BRITISH COLUMBIA**  
906 - 938 Howe Street, Vancouver, BC V6Z 1N9  
Tel: 604 623 3464 | Fax: 604 623 3465 | www.optometrybc.com

**FORM 15: BC OPTOMETRIC CORPORATION PERMIT APPLICATION**

**PART A**

Applicant Name: \_\_\_\_\_ Reg. #: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Telephone/Fax: \_\_\_\_\_  
\_\_\_\_\_

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

Applicant Name: \_\_\_\_\_ Reg. #: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Telephone/Fax: \_\_\_\_\_  
\_\_\_\_\_

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

Applicant Name: \_\_\_\_\_ Reg. #: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Telephone/Fax: \_\_\_\_\_

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

**If you require more space, please add another page**

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**PART B**

Choose **one** of the following:

I/We, the applicant(s), apply:

- to incorporate a new optometric corporation<sup>1</sup>
- to continue an optometric corporation incorporated under the laws of another province<sup>2</sup>
- to continue an optometric corporation incorporated under the laws of another province and extra-provincially registered in British Columbia<sup>3</sup>
- to form an optometric corporation by way of an amalgamation<sup>4</sup>
- to change the name of an optometric corporation<sup>5</sup>
- to join an optometric corporation<sup>6</sup>
- for restoration of an optometric corporation permit following revocation or dissolution of a former permit<sup>7</sup>

1. Proposed name of new optometric corporation

\_\_\_\_\_  
Hereinafter referred to as the "Corporation"

2. Name of original corporation

Original province of incorporation

Proposed name of corporation in British Columbia

\_\_\_\_\_  
Hereinafter referred to as the "Corporation"

3. Name of original corporation

Original province of incorporation

Name of corporation extra-provincially registered in BC

Proposed name of corporation in British Columbia

\_\_\_\_\_  
Hereinafter referred to as the "Corporation"

4. Names of corporations to be amalgamated

Proposed name of amalgamated corporation

\_\_\_\_\_  
Hereinafter referred to as the "Corporation"

5. Name of optometric corporation to be changed

Proposed new name of corporation

\_\_\_\_\_  
Hereinafter referred to as the "Corporation"

6. Name of existing optometric corporation to be joined

\_\_\_\_\_  
Hereinafter referred to as the "Corporation"

7. Name of optometric corporation

Reason for revocation or dissolution of original permit

\_\_\_\_\_  
Hereinafter referred to as the "Corporation"

**INTENDED PLACE OF PRACTICE:**

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**EXISTING PLACE/S OF PRACTICE FOR WHICH APPROVAL HAS PREVIOUSLY BEEN GIVEN TO THIS APPLICANT:**

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I am/We are applying under the *Health Professions Act* (the "Act") to the College of Optometrists of British Columbia for my/our optometric corporation permit so that the Corporation may carry on the business of providing optometric services to the public.

**PART C**

**I/WE DECLARE THAT:**

1. **Registration:** I am a registrant/We are registrants in good standing of the College of Optometrists of British Columbia.
2. **Voting shares:** All of the issued voting shares of the corporation are/will be legally and beneficially owned by individuals who are qualified to own such shares pursuant to section 43 of the Act.
3. **Non-Voting shares:** All of the issued non-voting shares of the corporation are/will be legally and beneficially owned by individuals who are qualified to own such shares pursuant to section 43(1) (d) of the Act.
4. **Shareholders:** The proposed shareholders of the corporation are/will be :

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

Current Mailing Address: \_\_\_\_\_

Shares (number and class) \_\_\_\_\_

Voting/Non-Voting \_\_\_\_\_

If Voting – College Reg. # \_\_\_\_\_

If Non-Voting – relationship to applicant \_\_\_\_\_

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

Current Mailing Address: \_\_\_\_\_

Shares (number and class) \_\_\_\_\_

Voting/Non-Voting \_\_\_\_\_

If Voting – College Reg. # \_\_\_\_\_

If Non-Voting – relationship to applicant \_\_\_\_\_

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

Current Mailing Address: \_\_\_\_\_

Shares (number and class) \_\_\_\_\_

Voting/Non-Voting \_\_\_\_\_

If Voting – College Reg. # \_\_\_\_\_

If Non-Voting – relationship to applicant \_\_\_\_\_

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

Current Mailing Address: \_\_\_\_\_

Shares (number and class) \_\_\_\_\_

Voting/Non-Voting \_\_\_\_\_

If Voting – College Reg. # \_\_\_\_\_

If Non-Voting – relationship to applicant \_\_\_\_\_

**If you require more space, please add another page**

**5. Directors And Officers**

The proposed directors of the optometric corporation are/will be registrants of the college and are qualified to be a director pursuant to Section 43 of the Act. The directors and officers are as follows:

Directors: \_\_\_\_\_  
\_\_\_\_\_

Officers: \_\_\_\_\_  
\_\_\_\_\_

**6. Individuals practicing**

The only individuals who intend to practice optometry on behalf of the Corporation are the following registrants of the College of Optometrists of British Columbia.

Name \_\_\_\_\_ CollegeReg. #: \_\_\_\_\_

**\*\*Please note that you are required to complete the declaration required in items 4, 5 and 6. If in doubt, please contact your lawyer as College staff cannot assist you nor provide you with the answers\*\***

- 7. **Activities of the Corporation:** The Corporation will not carry on any activities, other than the provision of optometric services or services that are directly associated with the provision of optometric services, that would, for the purposes of the Income Tax Act (Canada), give rise to income from business.
- 8. **Voting agreement:** None of the shareholders of the Optometric Corporation will enter into a voting trust agreement, proxy or any other type of agreement that vests in another person, who is not a registrant qualified to hold shares in the corporation, the authority to exercise the voting rights attached to any or all of the shares.
- 9. **Insurance:** The Optometric Corporation has arranged/ will arrange to provide liability insurance of at least \$2,000,000 per occurrence per year for each registrant practicing on behalf of the corporation.
- 10. **Accuracy of application:** I/We have personal knowledge of the declarations contained in this application and of the information I/We have added in completing this form, and I/we declare that the declarations and information are accurate and complete.

**AUTHORIZATION AND CERTIFICATION OF APPLICANT(S)**

1. I/We have read, understood and met the provisions of Part 4 of the Health Professions Act and Part 8 of the Bylaws of the College of Optometrists of British Columbia, and agree that I/We and the Corporation, and any related holding company and any related trust, will comply with and be bound by the provisions established therein.
2. I/We confirm that there are no outstanding fines, fees, debts, levies, costs or penalties owed to the College at the time of this application.
3. I/We confirm that I/We have authorized my/our solicitor, whose details are set out in the Schedule B, to provide as part of this application all requisite documentation required under Part 4 of the Act and Part 8 of the Bylaws. If, following the issuance of a permit, there is any change to the information provided by my solicitor to complete this application, I will inform the College immediately with full details of such change.
4. In the event that I have no solicitor acting on my/our behalf in this matter, I shall provide as part of this application all requisite documentation required under Part 4 of the Act and Part 8 of the Bylaws. If, following the issuance of a permit, there is any change to the information provided by me/us to complete this application, I/We will inform the College immediately with full details of such change
5. I/We authorize the College to make such enquiries as it considers appropriate in connection with this application.
6. I/We authorize the College to revoke any permit issued to the Corporation if it subsequently appears that I/We have, by omission or commission, given false or misleading information in respect of any question on this application form or have failed to notify the College prior or subsequent to the permit being granted of any change in the information provided.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's signature

If you require additional signature(s)/date(s) lines, please add another page

**OFFICE USE ONLY**

[ ] Application is approved

[ ] Application is denied

\_\_\_\_\_  
Date

**SCHEDULE A – ACKNOWLEDGEMENT**

**IMPORTANT:** This schedule is to be completed by every registrant who is a voting shareholder of the Corporation or a holding company that directly or indirectly owns a legal or beneficial interest in any voting share of the Corporation, as defined under Section 43 of the Act.

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

**Holding Company:** \_\_\_\_\_  
**(if applicable)**

Under the Health Professions Act the liability for professional negligence is not affected by the fact that a registrant is practicing optometry as an employee of a health profession corporation.

The fact that I/We will be practicing on behalf of a corporation does not in any way affect, modify or diminish the application of the Health Professions Act, Optometrists Regulation, or Bylaws issued by the College.

The president of the optometric corporation, or his or her designate, must advise the College promptly in writing of any changes to the information contained in this permit application.

I/We confirm that I/we have personal liability coverage or protection as required by Bylaws.

Last Name	First Name	College Reg. #	Signature	Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**SCHEDULE B – CERTIFICATE OF SOLICITOR**

I/We, \_\_\_\_\_, confirm that I/we act as the registered and records office of a company to be incorporated under the name \_\_\_\_\_ ("the Corporation")

and that upon organization of the Corporation, but before the Corporation commences business, I/we will deliver to the College of Optometrists of British Columbia all documents and information required by the College for the purpose of this application.

I/We confirm that, to the best of my/our knowledge and belief, the Corporation, any related holding company and any related trust will be in compliance with the provisions of Part 4 of the Act and Part 8 of the Bylaws, and that the Articles of the Corporation and any related holding company will contain a provision that the company is subject to Part 4 of the Act and Part 8 of the Bylaws.

I/We will report to the College any changes to the Information contained herein, attached or subsequently provided to complete this application, or while I/we am/are retained to act for the Corporation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Full Name if applicable, authorized to sign on behalf of:

\_\_\_\_\_  
Name of Company/Law Corporation

MAILING ADDRESS:

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

**Seal\***

**\*Notary Seal is required for processing**

**SCHEDULE C – CERTIFICATE OF APPLICANT**

I/We, \_\_\_\_\_, confirm that I/we will act as the registered and records office of a company to be incorporated under the name \_\_\_\_\_ ("the Corporation") and that upon organization of the Corporation, but before the Corporation commences business, I/we will deliver to the College of Optometrists of British Columbia all documents and information required by the College for the purpose of this application.

I/We confirm that, to the best of my/our knowledge and belief, the Corporation, any related holding company and any related trust will be in compliance with the provisions of Part 4 of the Act and Part 8 of the Bylaws, and that the Articles of the Corporation and any related holding company will contain a provision that the company is subject to Part 4 of the Act and Part 8 of the Bylaws.

I/We will report to the College any changes to the Information contained herein, attached or subsequently provided to complete this application, or while I/we am/are retained to act for the Corporation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Full Name

MAILING ADDRESS OF THE REGISTERED AND RECORDS OFFICE:

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