

ALBERTA OPTICIANS ASSOCIATION

NOTIFICATION OF OPTICAL BUSINESS OPENING IN ALBERTA

THIS NOTICE SERVES TO INFORM THE ALBERTA OPTICIANS ASSOCIATION OF THE OPENING OF:

Business Name

Unit # Building Name, Street Number and Name

City Prov.

Postal Code

Country

Work Phone and

ext.

Work Fax

Manager Name

Date of Opening

Registrant Information:

Registration #: _____ Registrant Name: _____ 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:** _____

Print Name of Registrant: _____