

Surname

Provincial Dental Board of Nova Scotia 103, 210 Waterfront Drive Bedford, NS B4A 0H3 (902) 420-0083

For Office Use Only
Date Received
Date Permit Granted
Permit No.

Email Address

Application for Permit for Corporation to Engage in the Practice of Dentistry

This form must be typed or legibly printed- incomplete forms will be returned

License No.

- Please keep a copy for your records
- A registration fee of \$ 158.00 must accompany this form

Given Names

Business Address(Including postal code)			Tel:	
			Fax:	
Home Address (including postal code)			Tel:	
Corporation Name				
Voting Shares DistributionShareholderNo. & Type of Share Held			D	
Shareholder	No. & Type of	Share Held	Percent of Total Shares	
Corporation Directors and	Officers			
Name		Address		
Date		Applicants Signature		