



New/Updating Place of Business

Complete this form to **add a new business** to the College's database, or to **update an existing place of business** (i.e. new address). Please be advised that it is a Registrant's responsibility and duty to provide the College with accurate and up-to-date information. It is a requirement of the College's By-Laws section 21.11, that all Registrants shall notify the College, in writing, of any changes to their places of business within 30 days of the effective date of the change. If you are adding a **new business** please include a copy of the Business license when submitting your completed form.

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| RDT #: | |
| RDT Full Name: | |
| Business Name: | |
| Reason for update: | New Business Update Address (<i>provide proof of change</i>) Other: |
| Start Date (<i>mm/dd/yyyy</i>): | |
| Owner of Business/Lab: | |
| Type of Lab: | Free-standing Dental Laboratory A Dental Laboratory within a Dental Practice Hospital Post Secondary Institution Other: |
| Full Address (<i>including unit/suite</i>): | |
| City: | |
| Province: | |
| Postal Code: | |
| Tel: | |
| Fax: | |
| Business Email: | |

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Please verify that the information provided is accurate before submitting the completed form to the College either by fax to **416-438-5004** or email to info@cdto.ca.