

All information requested in this application must be provided. If application is not complete it will be returned or rejected. Appropriate annual licence fee must be enclosed.

Please allow 30 days for processing.

1. Name in full: _____ Yukon Licence Number: _____

2. Home address of Applicant: _____
City _____

Province/Territory _____ Postal code _____ Home telephone number _____

Email address: _____ Date of birth: _____
dd/mm/yyyy

3. I am practising in: _____
Clinic Name _____

4. Clinic Address: _____
City _____

Province/Territory _____ Postal code _____ Clinic telephone number _____ Mail to Clinic

5. Are you presently licensed to practise in another jurisdiction? No Yes

If yes, where? _____

Limitations, restrictions or conditions on this licence: No Yes

If yes, please give specific details: _____

6. Additional training acquired during the past licensing year:

Course

Dates of Training

7. Annual Practice Hours: please enter the total number of hours you practised during the last licensing year (**in Yukon and elsewhere**);

_____ Hours

8. Annual Practice Hours in Yukon only: Please enter only the number of hours you practised in Yukon during the last licensing year:

_____ Hours

Personal information contained on this form is collected under the *Denturists Act* and will be used for the purpose of administering the *Act*. For further information, contact the Director of Professional Licensing and Regulatory Affairs at (867) 667-5111, toll free within Yukon 1-800-661-0408, ext. 5111.

Your completed application and fees are due and payable before **March 31. If not received by this date your name is struck from the register. You will have to reapply and additional fees will be incurred.**

AGREEMENT OF APPLICATION

I hereby certify that the foregoing information is true and correct to the best of my knowledge. I am not subject to criminal charges in Canada or abroad, and I have not been convicted of an indictable offence since my last application for renewal. I hereby undertake to notify the Government of Yukon in writing of any change.

Dated at _____, this _____ day of, _____ 20 _____.

Signature of Applicant: _____

The renewal fee schedule is as follows: Resident (\$100) Non-resident (\$50)
(Practising in Yukon for 3 months or less in licensing year)

Please make your cheque payable to Government of Yukon, or complete payment information
form YG5924 at: <http://www.gov.yk.ca/forms/cs.html#cs1>

Important Note: Professional Licensing and Regulatory Affairs will **NOT** accept payment by email or fax

Please contact Professional Licensing and Regulatory Affairs at 867-667-5111 or fax 867-667-3609
or e-mail PLRA@gov.yk.ca for inquiries

Please fill out this form, print, sign and return your documents and fees to:

Mail:
Professional Licensing and Regulatory Affairs, C-5
Box 2703
Whitehorse, Yukon Y1A 2C6

Courier or Dropoff:
Professional Licensing and Regulatory Affairs, C-5
307 Black Street,
Whitehorse, Yukon Y1A 2N1