COLLEGE OF
ALBERTA DENTURISTS

Character Declaration

To be completed by the declarant only.

In order that the College of Alberta Denturists may process an application for registration, you have been requested to provide a character declaration. You are reminded that this is a legal document and all responses are legally binding and may have impact on the applicant's registration as a denturist in Alberta.

Applicant's Name: _____

I have known the above-named person for _____ years and have observed their character reputation in the following capacity:

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COLLEGE OF
ALBERTA DENTURISTS

Personal Information Privacy Act Consent

I hereby understand, agree, and acknowledge that as a result of my remittance of this form, the College of Alberta Denturists will collect, use and disclose personal information about myself that is reasonably necessary for the operation of the College of Alberta Denturists and the discharge of its statutory duties.

I hereby authorize and consent to the collection, use and disclosure of personal information concerning myself, by the College of Alberta Denturists, regarding the above purposes, as indicated by the completion of the certification/affirmation included in this form.

Declaration and Certification/Affirmation

I declare/affirm that I am not related to the applicant and that I believe that this person is of good character and reputation. I hereby certify/affirm that the information contained in this form, is accurate and complete to the best of my knowledge.

On this _____day of _____, 20___, at _____
(day) *(month)* *city, province*

Declarant name (please print)	Witness name (please print)
Declarant signature	Witness signature

Declarant Information

email	Daytime phone number
Declarant job position/profession	Mailing address