

**FORM 8**  
**APPLICATION for PODIATRIC CORPORATION PERMIT**

**Applicant Name:** (Applicant must be a Full, or with Registrar's permission a Non-Practising registrant, and authorized signatory for the Corporation)

\_\_\_\_\_  
Surname First Middle

**Applicant's CPS-BC Registration Number:** \_\_\_\_\_

**Mailing Address of Applicant:**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City Province Postal Code

\_\_\_\_\_  
Phone Fax Email

**Business Address of Corporation:** (if different from Applicant's above mailing address)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City Province Postal Code

\_\_\_\_\_  
Phone Fax Email

**Has the name or proposed name of the Corporation previously been approved by CPS-BC?** \_\_\_\_ Yes \_\_\_\_ No  
(If not, Application for Approval of Podiatric Corporation Name in Form 10 must also be enclosed.)

**Name or Proposed Name of Corporation:** \_\_\_\_\_

(Subject to Registrar's approval under sections 72, 74 and 75 of the CPS-BC)

**Privacy and Security**

The information you provide here relates to the operations of CPS-BC under the *Health Professions Act* for the purpose of regulating the practice of podiatry in British Columbia. As a public body under the provisions of the *Freedom of Information and Protection of Privacy Act (FOIPPA)*, the CPS-BC provides security and confidentiality of your personal information.

**In support of this application, please attach the following:**

- Certificate of Solicitor in **Form 9**.
- Application for Approval of Podiatric Corporation Name in **Form 10**, OR (if applicable) a copy of any approval previously issued by CPS-BC for the podiatric corporation name.
- An acknowledgment in **Form 11** executed by each podiatrist who is or will be a voting shareholder of the Corporation or of any holding company as defined under section 40.1 of the *Health Professions Act*.
- A certified copy of the certificate of incorporation, filed transition application, certificate of amalgamation, or certificate of continuation, as the case may be, and any certificate of change of name, or certificate of restoration, issued to or filed by the Corporation under the *Business Corporations Act*.
- Application fee of \$ 500.00 (payable to the 'College of Podiatric Surgeons of British Columbia' or 'CPS-BC').

**APPLICANT ATTESTATION (required):**

I certify that the information contained in and attached to this application is true, complete and accurate to the best of my knowledge, as of \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Applicant Signature