
**APPLICATION FOR CERTIFICATE OF AUTHORIZATION
FOR A PROFESSIONAL CORPORATION
REGULATION 1093**

Part V.1, section 44.2 of O.Reg.1093 reads:

44.2 The Registrar shall issue a certificate of authorization to a corporation if the corporation is eligible under subsection 44.1(1) and applies for the certificate by producing the following to the Registrar at the time and in the manner specified by the College:

Please check that you have included all of the following:

1. A completed application in a form approved by the College.
 2. The application fee of \$200 (+ HST = \$226).
 3. A certificate of status of the corporation issued by the Ministry of Consumer and Business Services within six months of the date of the application.
(You must specifically request this from the MCBS)
 4. A copy of the articles of the corporation certified to be complete and accurate as of the date of the application by the person who is proposed as the corporation's managing director. [Please initial each page of the articles of the corporation and sign the certificate below.]
 5. The statutory declaration of the managing director certifying,
 - i. that the corporation is in compliance with section 3.2 of the *Business Corporations Act* as of the date of the application,
 - ii. that the corporation does not carry on any business that is not the practice of veterinary medicine or activities related to or ancillary to the practice of veterinary medicine,
 - iii. that the corporation has not previously held a certificate of authorization or, where the corporation has held such a certificate, providing full details with respect to it,
 - iv. that none of the shareholders of the corporation has been a shareholder of a corporation that previously held a certificate of authorization or, where any one of them was a shareholder of such a corporation, providing full details with respect to it.
- [See statutory declaration form provided by College.]**
6. The name of each shareholder of the corporation as of the date of the application and the number of his or her license issued by the Registrar. [See space on form below]

7. The names, business addresses and business telephone number of the officers and directors of the corporation as of the date of the application and an indication of who the managing director is. [See space on form below.]

APPLICATION FOR CERTIFICATE OF AUTHORIZATION

Date of application:

In accordance with Part IV, section 44.2 of Ontario Regulations 1093 pursuant to the Veterinarians Act 1989. Refer to the cover page.

I, Dr. _____
Please Print Name of Managing Director

a licensed member of the College of Veterinarians of Ontario hereby make application for the certificate of authorization for the professional corporation called:

Approved Corporation Name: _____

Corporation ID #: _____

Mailing Address:

Street No. or R.R. No.: _____

Township: _____ County: _____

City: _____ Postal Code: _____

Telephone No.: _____ Fax No.: _____

Email: _____

I confirm that:

I am the **managing director** of the professional corporation and am submitting to the College, the written authority of the shareholder(s) of the professional corporation to provide the undertaking required below.

I am providing this written undertaking to be responsible for the professional corporation's dealings with the College.

I hold a general or restricted license, the conditions of which are consistent with the conditions of the Certificate of Authorization.

SHAREHOLDER(S)

Please list all of the shareholders (you may use a separate sheet).

License #	Name of shareholder(s) (Use separate sheet if required)

OFFICER(S) AND DIRECTOR(S)

LICENCE #	NAME	TITLE	BUSINESS ADDRESS	BUSINESS TELEPHONE#

I certify that the information on this form and, where applicable any accompanying sheets, is complete and accurate. I also certify that articles of the corporation which accompany this application form are complete and accurate as of the date of this applications.

DATE: _____ Signature of Managing Director: _____
***All mail will be addressed to you.*

CONTACT PHONE NUMBER: _____

FOR OFFICE USE ONLY

File number assigned: _____

Notes: _____

Authorized by the Registrar or Deputy Registrar: _____