



College of
Dental
Technologists
of Ontario

260-2100 Ellesmere Road
Scarborough, Ontario M1H 3B7
Tel: (416) 4348-5003 Fax: (416) 438-5004
www.cdto.ca

Change of Information Notification

(Return by fax or registered mail)

To advise the College of a change in name, home and/or business information, please check (✓) the appropriate box(es) and complete the sections that apply to you.

Registration #: _____ **Registered Name (with the College):** _____

LEGAL NAME CHANGE *

Given name(s) _____ Surname _____

HOME CHANGE Effective Date: _____

Street Address: _____ Telephone: _____

Apartment/Unit: _____ Fax: _____

City: _____ Email: _____

Province: _____

Postal Code: _____

BUSINESS CHANGE Effective Date: _____

Business Name *: _____ Telephone: _____

Street Address: _____ Fax: _____

Suite/Unit: _____ Email: _____

City: _____ Responsibilities: RDT-in-Charge

Province: _____ Department Supervisor/Manager

Postal Code: _____ General Dental Technology Practice

Other _____

***Note:** A change in any name requires supporting documents (i.e. Court Certificate, Marriage Certificate, Business Registration, Articles of Incorporation)

Signature _____ **Date** _____