

**CONTACT INFORMATION DECLARATION
MUST BE COMPLETED FOR LICENSURE**

Appendix D

The OOM is moving toward a paperless system to be more environmentally friendly. We encourage you to choose to have information sent to you by email however you may choose regular mail. When correspondence is sent out in either form **you will be deemed to have received it** so please make sure you are selecting the contact information that works best for you. Be advised the information being sent out may include confidential information, e.g. complaint letter, or other regulatory information such as applications. **By signing your name to this document you will be declaring that the contact information you provide us is your primary contact information.** Furthermore you must contact the OOM to update any changes in your contact information as well as place of employment with in 14 days of the change. Please note that Opticians who request that correspondence be sent to them in **hard copy format** will be charged **a fee of \$30.00 per year** to cover the costs of printing and mailing. This fee can be submitted with this form, by certified personal cheque, company/business cheque, money order or can be paid over the phone by credit card. Please call 204-222-8404 or email oom@optm.ca for assistance.

HARD COPY (\$30.00 per year)

ELECTRONIC COPY (FREE)

(Name of Optician) _____ License Number _____

Business/Company Name & Address or Home Address _____

(Town or City): _____, Manitoba: _____ Postal Code _____

Primary Email: _____

THE FOLLOWING MUST BE SIGNED:

I do solemnly swear that I have completed this declaration to the best of my knowledge and believe the completed form is correct and true. I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

Dated at the City of _____ in the Province of Manitoba this day of the month _____ in the year _____.

Signature: _____

Credit Card Authorization

Visa

MasterCard

I authorized the Opticians of Manitoba to charge my credit card in the amount of \$ _____.

Credit card number: _____ **Expirydate** ____ / ____

Name of card holder: _____ **CVV#** _____ **(3-digit at the back)**

Signature of cardholder: _____