



## THE COLLEGE OF DENTAL HYGIENISTS OF BRITISH COLUMBIA

Suite 300 – 388 Harbour Road  
Victoria, British Columbia, V9A 3S1

Telephone (250) 383 4101  
Facsimile (250) 383 4144  
1-800-778-8277 (toll-free within BC)  
www.cdhbc.com

### Photo Identification Notarization Form

Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

#### Instructions for Notary Public:

- Complete information required in ‘Certification of Notary Public’ box below.
- Attach a photocopy of applicant’s driver’s license or other government issued photo I.D to this form.
- Notary stamp and/or seal must be directly on photocopy attached to this form. The same stamp and/or seal should be affixed in the box below.

#### *CERTIFICATION OF NOTARY PUBLIC*

I, (name of Notary Public) \_\_\_\_\_ certify that the copy of I.D attached to this page is the likeness of the applicant as named above.

As of this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, in the city of: \_\_\_\_\_,  
Day Month Year

Province of: \_\_\_\_\_.

\_\_\_\_\_  
Signature and Stamp of Notary Public

\_\_\_\_\_  
Date signed and stamped

*SEAL OR STAMP REQUIRED ON NOTARY SIGNATURE AND ON ATTACHED PHOTOCOPY OF I.D*

**Signature alone is not sufficient**