

Applicant Information	
First Name	Middle Name
Last Name	Regulator
Registration Number	Registration Date
Is this Applicant currently Registered / Licensed / Certified?	Expiration date (DD-MM-YYYY)
Has the Applicant's Registration / Licensure / Certification been denied, revoked, restricted, suspended or under review at any time?	
Regulator Contact Information	
First Name	Last Name
Title	Telephone
Email	
Signature	Date (DD-MM-YYYY)

The Regulator must submit directly to COPR: assessment@copr.ca