

Alberta College of Optometrists

**LIMITED LIABILITY PARTNERSHIP (LLP)  
APPLICATION FORM**

Steps Required to Register your LLP:

- [1] Conduct a name search at Alberta Corporate Registry to determine if anyone else is using the same or a similar name.
- [2] Compete and submit this application to:  
Alberta College of Optometrists  
#102, 8407 Argyll Rd NW, Edmonton, AB T6B 4C2;  
and
- [3] Enclose a cheque payable to the Alberta College of Optometrists in the total amount of \$100.00 per partner.

1. Name of Limited Liability Partnership:

2. Registered Office Address of LLP (Alberta address only):

\_\_\_\_\_

[street address]	[City/Town]	[Postal Code]
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3. [ ] Cheque Enclosed for \$ \_\_\_\_\_ (to total \$100.00 per partner)

4. List the Current Partners Below:

[i] Regulated Member or ACO Professional Corporation Name:

Address: \_\_\_\_\_

Liability Insurance Maintained:

\_\_\_\_\_

Insurance Co. Name	Expiry Date of Policy	Dollar Amt.
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[ii] Regulated Member or ACO Professional Corporation Name:

Address: \_\_\_\_\_

Liability Insurance Maintained:

\_\_\_\_\_

Insurance Co. Name	Expiry Date of Policy	Dollar Amt.
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[iii] Regulated Member or ACO Professional Corporation Name:

Address: \_\_\_\_\_

Liability Insurance Maintained:

Insurance Co. Name	Expiry Date of Policy	Dollar Amt.
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[iv] Regulated Member or ACO Professional Corporation Name:

Address: \_\_\_\_\_

Liability Insurance Maintained:

Insurance Co. Name	Expiry Date of Policy	Dollar Amt.
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**If more than 4 partners, attach a list and provide the above information per partner.**

5. Limited Liability Insurance Maintained by the LLP:

Insurance Co. Name	Expiry Date of Policy	Dollar Amt.
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6. We hereby attest that the information provided in this Application Form is true to the best of our knowledge:

Signature of Partners:[1] \_\_\_\_\_

[2] \_\_\_\_\_

[3] \_\_\_\_\_

[4] \_\_\_\_\_

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.