



**MEDICAL PROFESSION ACT  
PROFESSIONAL CORPORATION RENEWAL**

- 1. Name of Corporation: \_\_\_\_\_
- 2. Address of Registered Office: \_\_\_\_\_
- 3. Phone Number: \_\_\_\_\_

Your completed application and **\$50.00** renewal fee are due and payable on or before **December 31**. Please forward your application and fee to:

YMC  
Consumer Services, C-05  
Box 2703  
Whitehorse, Yukon Y1A 2C6

or

YMC  
Consumer Services, C-05  
307 Black Street  
Whitehorse, Yukon Y1A 2N1

Please make your cheque payable to Government of Yukon, or,

Credit Card # \_\_\_\_\_ Expiry \_\_\_\_\_

Signature \_\_\_\_\_

Please contact Consumer Services at 867-667-3774 or fax 867-667-3609 or e-mail [ymc@gov.yk.ca](mailto:ymc@gov.yk.ca) for inquiries.

**Please note that in order to maintain your professional corporation status with our office, you must be in good standing with Corporate Affairs.**

**AGREEMENT OF APPLICANT**

The undersigned hereby certify that the foregoing information is true and correct to the best of my knowledge. I hereby undertake to notify the Government of the Yukon in writing of any change.  
At this time I wish to apply for my 2012 renewal permit.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Signature of Director/Officer

\_\_\_\_\_  
Name of Director/Officer