

Form 4

DENTURIST LICENCE

This is to certify that

\_\_\_\_\_

is authorized to practice as a denturist within the Province of Manitoba for the period ending \_\_\_\_\_ in accordance with *The Denturists Act* and Regulations.

Issued at Winnipeg, Manitoba,

this \_\_\_\_\_ day of

\_\_\_\_\_ 19 \_\_

\_\_\_\_\_  
Chair, Denturist Board of Manitoba

\_\_\_\_\_  
Secretary/Registrar, Denturist Board of Manitoba