



## Declaration of Non-Renewal

### Personal Information

Last Name/Family Name		First/Given Name	Middle Name
Date of Birth (mm/dd/yy)	Alberta College of Paramedics Registration Number		
Address:			
City	Province/State	Country	
Postal Code	Phone Number (Home)	Phone Number (Business)	

This is to advise that I do not wish to renew my registration with Alberta College of Paramedics for the year 2010.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Please fax completed form to the Alberta College of Paramedics at 780-417-6922**