



PROFESSIONAL CORPORATION PERMIT RENEWAL APPLICATION

Use this form to renew your professional corporation permit and remain on the corporate register. Your corporation must be in good standing with Corporate Affairs to renew this permit.

Renewal deadline: Submit your renewal application before **December 1** to ensure we can process your permit before it expires. Payments processed after December 31 will result in an automatic \$200 penalty. A grace period of 90 days (March 31) will be applied followed by an automatic suspension and closing of the file.

Complete all sections of this application form. Do not leave a section blank. If a section is not relevant, mark the section as "not applicable". This form must be legible to be reviewed by Council. To complete this form either type or print in dark blue or black.

<p>Check one Resident (\$50 renewal fee) Non Resident (\$50 renewal fee)</p>

Applicant Information

Legal name of corporation				
Other names by which your corporation may be known			Yukon permit number	
Email address			Phone	
Mailing address	City	Prov./terr.	Postal code	Country
Physical address (if different from mailing address)	City	Prov./terr.	Postal code	Country
Name of lawyer /firm				

Director / Shareholder Information

List all directors and/or shareholders within the corporation. You are required to provide this list upon renewal, regardless of any changes. If you there is a change of directors or shareholders throughout the permit year, please advise the Yukon Medical Council in writing.

Legal Name	Director Shareholder	Legal Name	Director Shareholder
Legal Name	Director Shareholder	Legal Name	Director Shareholder
Legal Name	Director Shareholder	Legal Name	Director Shareholder

Agreement of applicant

Yes, I/we hereby certify that I/we am/are the person(s) making application for registration as professional corporation in Yukon, and that all statements are true and complete in every respect. I understand that falsification of information on this application may result in the cancellation of my application for registration or cancellation of an issued licence.

Yes, I have included with this application the required [payment information form](#)

Signature of Director	Date	Signature of Director	Date
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Submit completed form:

By mail:
By courier or in-person:
By email:
By fax:

YMC, Box 2703, C18, Whitehorse, YT, Y1A 2C6
YMC, 1st floor – 307 Black Street, Whitehorse, YT, Y1A 2N1
ymc@gov.yk.ca or inquiry.plra@gov.yk.ca
867-393-6483