



**THE SOUTH AFRICAN DENTAL TECHNICIANS COUNCIL**  
**APPLICATION FOR REGISTRATION AS A DENTAL TECHNICIAN**  
**ASSISTANT**

**Annexure A**

(Section 23A of Act 19 of 1979)

The Registrar  
 South African Dental Technicians Council  
 P O Box 995  
 PRETORIA  
 0001

**PART A – To be completed by the applicant**

Full name and surname .....

Identity number .....

Citizenship .....

Residential address .....

Postal address .....

Tel. Nr. .... Cell. Nr. ....

E-mail .....

Employed at (name of laboratory) .....

Laboratory address .....

**PART B – Declaration by the applicant**

I declare that:

- (1) I have never in any country been convicted of any offence against the law, and to the best of my knowledge and belief no proceedings involving or likely to involve a charge of any such nature are pending against me in any country at the present time.
- (2) The information provided above to be the truth and accurate.
- (3) I acknowledge that the Council may take disciplinary action against me for any false information presented in support of my application.

Date:..... Signature

Sworn to me at ..... this ..... day  
 of ..... 20.....

.....  
 Signature of the Justice of Peace or Commissioner of Oaths

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\*If the applicant is unable to make the declaration in paragraph 1, the council, in order to consider the application, will require full particulars of the reasons for his inability to do so.



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**To be completed by the owner/manager of the laboratory**

Full name and surname .....

Position within the laboratory .....

Owner of the laboratory .....

Laboratory name .....

Laboratory address .....

Tel. Nr. .... E-mail ..... Cell No .....

Nature of work/functions by the applicant at/in the laboratory  
.....  
.....  
.....  
.....

Date of employment .....

Date of termination of work (if applicable) .....

I, the undersigned\* .....

hereby make oath and declare:

I personally know .....  
who has applied for registration as a dental technician assistant with the South African Dental Technicians Council and to the best of my knowledge and belief the statement made in his/her declaration are true. I consider him/her to be a fit and proper person to be registered in the restricted category/register.

.....  
Signature of Owner / Manager

Sworn to/affirmed before me at ..... this ..... day  
of ..... 20.....

.....  
Signature of the Justice of Peace or Commissioner of Oaths

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\* This signatory must be the Owner / Manager of the Dental Laboratory