



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

DLA

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

I, the undersigned, (full names and surname)

Residential address

Postal address

Employed by (name of laboratory)

Laboratory address

Tel. Nr. Cell. Nr.

E-mail

Date of birth Identity number

Hereby apply for registration as dental laboratory assistant and declare that:

- (1) I the above mentioned person has years of experience as a Dental Laboratory Assistant.
- (2) 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.

Date:
Signature

Sworn to me at this day

of 20.....

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

*If the applicant is unable to make the declaration in paragraph 2, the council, in order to consider the application, will require full particulars of the reasons for his inability to do so.