



**THE SOUTH AFRICAN DENTAL TECHNICIANS COUNCIL  
DIE SUID AFRIKAANSE RAAD VIR TANDTEGNICI**

**APPLICATION FOR REGISTRATION OF A DENTAL LABORATORY**

**1. IS THIS APPLICATION FOR THE REGISTRATION OF:-  
(PLACE AN 'x' WHERE APPLICABLE)**

<input type="checkbox"/>	A new laboratory
<input type="checkbox"/>	Re-opening of an existing laboratory
<input type="checkbox"/>	Relocation of an existing laboratory
<input type="checkbox"/>	Change in ownership of an existing laboratory (Change in partnership, association or members of a juristic person)

**2. PARTICULARS OF APPLICANT:-**

2.1 Full names and Surname: \_\_\_\_\_

\_\_\_\_\_

2.2 I.D. Number: \_\_\_\_\_

2.3 Home Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

2.4 Postal Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

2.5 Telephone number: \_\_\_\_\_

2.6 Cell phone number: \_\_\_\_\_

2.7 E-mail address: \_\_\_\_\_

If a partnership, association of juristic person (Company or Closed Corporation), kindly provide the names and occupation of all partners or members of the juristic person.

Full names and Surname	Occupation
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**2.8. PLEASE INDICATE YOUR PREFERRED LANGUAGE OF CORRESPONDENCE:**

English: \_\_\_\_\_ Afrikaan: \_\_\_\_\_

**3. PROPOSED NAME OF THE DENTAL LABORATORY:**

\_\_\_\_\_

**4. CONTACT DETAILS FOR THE DENTAL LABORATORY:**

Physical Address: \_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**5. TYPE OF DENTAL WORK TO BE DONE IN LABORATORY:  
(PLEASE MARK WITH AN 'X' WERE APPLICABLE)**

PROSTHETIC	CROWN & BRIDGE	CHROME COBALT	ORTHODONTICS	GENERAL
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**6. PROPOSED DATE OF COMMENCEMENT OF ACTIVITIES:**

Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

**7. PARTICULARS OF PERSON SUPERVISING ACTIVITIES IN LABORATORY:**

Name(s) and Surname: \_\_\_\_\_

I.D. number: \_\_\_\_\_

Qualification (mark the applicable qualification with an 'X', and provide certified copies of said qualification(s))

National Diploma	National Higher Diploma	B. Tech: Dental Technology	Degree in Dentistry
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Date of registration as Dental Technician/Technologist with the S.A.D.T.C.

\_\_\_\_\_

**8. IF IT IS AN EXISTING LABORATORY AS IN LAST THREE (3) INSTANCES OF ITEM 1,  
WHAT IS:**

Name of existing laboratory:

\_\_\_\_\_

Address of existing laboratory:

\_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_

**9. DETAILS OF ALL EMPLOYEES (REGISTERED DENTAL TECHNICIANS/TECHNOLOGISTS AS WELL AS SUPPORT STAFF)**

<b>Full names and Surname</b>	<b>Occupation</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I hereby certify that the above particulars are true and correct and trust that I am conversant with the requirements and rules, as set out in government gazette o. 8058 dated 26th February 1982, and that my laboratory complies with the abovementioned requirements. I further undertake to run my laboratory in accordance with the provisions of the Dental Technicians Act (Act 19 of 1979) as amended by the Dental Technicians Amendment Act (Act 43 of 1997) and the Regulations promulgated thereunder.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_  
\_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

**REGISTRATION FEES PAYABLE**

<b>LABORATORY REGISTRATION 2018</b>	<b>R9415-00</b>
<b>LABORATORY CONTRACTOR ANNUAL FEE 2018</b>	<b>R4920-00</b>
<b>CHANGE IN OWNERSHIP 2018</b>	<b>R1175-00</b>
<b>RELOCATION OF DENTAL LABORATORY 2018</b>	<b>R1175-00</b>

## **BANKING DETAILS**

**ACCOUNT HOLDERS NAME:** SOUTH AFRICAN DENTAL TECHNICIANS COUNCIL  
**BANK:** ABSA BANK  
**BRANCH:** PRETORIA  
**BRANCH CODE:** 32 33 45  
**ACCOUNT NUMBER:** 233 014 2955

Kindly note that when making payment, the reference number i.e. TE/LA is to be used as a reference. Upon successful completion of transaction, kindly fax through the proof of payment to (012) 342 4469 clearly marked for the attention of Miss Louise Fraser or email to [info@sadtc.org.za](mailto:info@sadtc.org.za). Follow-up is to be made to confirm receipt of the telefax!