



THE SOUTH AFRICAN DENTAL TECHNICIANS COUNCIL
APPLICATION FOR REGISTRATION AS A DENTAL TECHNICIAN
 (Section 22 of Act 19 of 1979)

The Registrar
 South African Dental Technicians Council
 P O Box 14617
 HATFIELD
 0028

I, the undersigned, (Full names and surname)

Residential address

.....Postal code.....

Postal address.....

.....Postal code.....

Tel. Nr (home)..... Cell Nr

E-mail (personal)

Date of birthIdentity number

Ethnic group (Please mark with "x" where applicable) (For statistical purposes only)

Black	Coloured	Indian	White	Other (specify)

Employed by (name of laboratory)

Laboratory address

Hereby apply for registration as a dental technician and declare that:

1. I am the person mentioned in the accompanying qualification, namely- (Degree, Diploma in dental technology) dated submitted by me in support of my application to be
2. The said qualification was granted to me after examination and is my own lawful property, and entitles me, as far as professional qualifications are concerned, to practice as a dental technician/technologist in the Republic of South Africa.
3. 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 thisday

of 20.....

.....
 SIGNATURE OF THE JUSTICE OF PEACE OR COMMISSIONER OF OATHS

*If the applicant is unable to make the declaration in paragraph 3, the council, in order to consider the application, will require full particulars of the reasons for his inability to do so.