



**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)

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

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

LABORATORY REGISTRATION 2020	R13 099-00
LABORATORY CONTRACTOR ANNUAL FEE 2020	R6 850-00
LABORATORY OWNERSHIP (WITHOUT NAME CHANGE) ADDITION / REMOVAL OF PARTNERS	R1 638-00

TRANSFER/CHANGE OF OWNERSHIP	R9 823-00
RELOCATION OF DENTAL LABORATORY 2020 (DUE TO OWNER)	R1 638-00
RELOCATION OF DENTAL LABORATORY 2020 (DUE TO OUTSIDE INFLUENCES (FORCED))	R1 404-00

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. Follow-up is to be made to confirm receipt of the telefax!