

Other diploma from professional school:

Practical Exercise: From Up to

Major subjects practised: Removable Orthodontics

Fixed Other

Educational institution:

Period of Studies: From Up to

8. Professional Experience: To be completed by qualified technicians and by skilled technicians.

Laboratory Name:

Laboratory Address:

Tel: Fax: Registration Number:

From Up to

Social Security Number:

Attach copy of social security card.

9. Have you ever been convicted from a criminal court of justice? (if yes declare the type of the crime, the date of conviction and the punishment that was imposed)

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10. State the original or certified photocopies of the diplomas, degrees and certificates that you attach in this application form.

Number of attached documents:

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11. Other Information:

Mention any information that according to you the Council should know.

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12. Operation of the Laboratory:

Operating date or date for the laboratory to be operated:

Proof of evidence for the operation of the laboratory:

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Size of the laboratory area:

Laboratory equipment:

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13. Date of entry in the dental technician register:

14. Statement:

I the undersigned declare that all the information given is true and I submit my application for publication of the operation license of the dental laboratory based on the care of the relative legislation.

The name: the date:

To be completed by the Council:

Date of receiving: N/E in the entry book:

N. Receipt of fee payment: Return of fee:

Date of inspection by the council:

Register entry of the dental laboratories: N. Register:

Council's decision (comments):

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Chairman of the D.T.C.

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Secretary of the D.T.C.