## The act of regulating the profession of Dental Laboratory Technicians 1996 (N.9(I)/96)

## <u>Application for the operation license of a Dental Laboratory Based</u> <u>on the term 5 (4)</u>

The present application should be accompanied by the amount of  $\in$  55, which has been determined as a fee to submit the application for examination by the Dental Technician Council to publicate the operation license of the laboratory.

If you wish to renew your operation license, accompany your application with the amount of  $\in$  35.

It is accented that the operation license of the dental laboratory it is issued for a specific habitation, it is personal, untransferable and it is subjected to revocation based on the care of the term 5 (5) of N9 (I)/96.

1.	Surname:				
	First name:				
	Married:				
	Single:				
2.	Date of Birth:	Day	Month	Year	
3.	Nationality:				
4.	Identity Card Number: .				
5.	Work Address:				
	Tel:	Fax:			
6.	Home Address:				
	Tel:	Fax:			
7.	Academic Qualifications	:			
	University degree:				
	Name of diploma:				•

	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 )
10.	State the original or certified photocopies of the diplomas, degrees and certificates that you attach in this application form.
	Number of attached documents:
11.	Other Information:
	Mention any information that according to you the Council should know.

12. Operation of the Laboratory:

Operating date or date for the laboratory to be operated:		
Proof of evidence for the operation of the laboratory:		
Size of the laboratory area:		
Laboratory equipment:		
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.

Secretary of the D.T.C.