

DENTAL COUNCIL OF TRINIDAD & TOBAGO

FORM D.R. 4

THE PROFESSIONAL CENTRE

**#11-13 Fitzblackman Drive
Wrightson Road Extension
Woodbrook
Trinidad and Tobago**

**Application Form for
Retention of names on
the Dental Register**

For Office Use Only

Fee.....

**.....
Certificate No**

**.....
Registration Date**

(To be completed by the applicant in his handwriting)

I hereby apply to have my name retained in the Dental Register for the year.....

Full name of applicant (in BLOCK letters surname underlined)

.....

Permanent address (To appear in Dental Register)

.....

.....

Address to which practising certificate is to be sent

.....

.....

Original Registration No.....

I declare that I have not been suspended or disqualified or prohibited from practising Dentistry or from being registered as a Dentist in any country.

I enclose a remittance of \$..... in payment of the fee prescribed in the regulations made under the Dental Profession Act, 1980.

Date.....

Signed.....

I wish to become/remain a member of the Dental Board of Trinidad and Tobago.

I understand that only members of the Board are entitled to elect members of the council or become members of the council.

Date.....

Signed.....