

Dental Technicians and Dental Prosthetists Board of Queensland

APPLICATION FOR REVIEW OF CONDITIONS ON REGISTRATION

Form DTDP 1601

Section 90 Dental Technicians and Dental Prosthetists Registration Act 2001

Payment address: GPO Box 2438
Brisbane, Qld 4001
Location: 8th Floor, Forestry House
160 Mary Street, Brisbane, Qld 4000
Counter Hours: 9.00 am to 4.00 pm
Monday to Friday

General enquiries: +61 (0) 7 3225 2508
Fax: +61 (0) 7 3225 2527
ABN: 63 217 510 321

I hereby apply for a review of the conditions on my General Registration under section 90 of the *Dental Technicians and Dental Prosthetists Registration Act 2001*, and I enclose the **PRESCRIBED FEE OF \$130.00**.

Family Name:	
Given Names:	
Postal Address:
Contact Number:	
Registration Number:	
Date of expiry of conditions:	

I believe that the conditions on my registration are no longer appropriate for the following reasons:
[if insufficient space please set out on separate page]:

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.....

.....
Signature

IMPORTANT NOTE: The application must not be made –
(a) during the review period applying to the condition; or
(b) while an appeal to the District Court about the decision to impose conditions is pending.

----DO NOT DETACH ----

For this payment to be accepted you must complete all sections below.

To assist with credit card processing, please provide a daytime contact no:- _____

VISA

MASTERCARD

BANKCARD

CARD NUMBER _____

EXPIRY DATE

CARD HOLDER'S NAME

(Print)

CARD HOLDER'S SIGNATURE

AMOUNT \$ 130.00 GST Exempt

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NOTES ON PAYMENT:

Preferred payment is by post, addressed to GPO Box 2438 Brisbane, Qld 4001. Alternatively you may pay in person at the Board's office or complete the credit card authority on the reverse.
Credit Card Payments.

Please make money orders and cheques payable to Dental Technicians and Dental Prosthetists Board of Queensland. **DO NOT** send cash by post. Payment must be in Australian Dollars. Payment in foreign currency or cheques, or direct Bank Transfer cannot be accepted.

Please also note: If you have changed your name, documentary evidence, (e.g. **certified** copy of Marriage Certificate or Deed Poll) **MUST BE SUPPLIED**. (A certified copy is a photocopy which has been certified by a Justice of the Peace, a Commissioner for Declarations, or a Notary, as being a true copy.)

PRIVACY STATEMENT

The Dental Technicians and Dental Prosthetists Board of Queensland is collecting the information on this form in order to review the conditions on your registration as a Dental Technician Or Dental Prosthetist under the *Dental Technicians And Dental Prosthetists Registration Act 2001*.

Your name, registration address, qualifications, type of registration and any conditions of registration (other than details of mental and physical health which the Board has decided not to record) are entered on the Register, which is available to the public for inspection.