Page 1 of 1 Form



## **Certificate of non-registration.**

Name of applicant:					
Date of birth:					
The applicant is not registered with a license to practice. The reason is:					
The applicant has never been regis	tered and no pre	vious registrat	ion has ever be	en revoked.	
No (x)					
Yes, the applicant has been registe registration was revoked. The reason is:	red but the				
The applicant has never been subject to disciplinary actions or any other adverse actions.					
No (x):					
Yes, the applicant has been subject disciplinary and/or adverse action They were:					
The applicant would become regis	tered today, if he,	/she applied fo	or registration.		
Yes (x):					
No, the reason is:					
Name of licensing authority:					
Address:					
Email:					
Phone:					
Date:			Stamp		
Name of signatory (capital letters):			and/or seal of licensing authority:		
Signature:			and they		