Application for Assistance for
Dental Technicians and Dental Laboratory Owners
Affected by Natural Disasters

Date Submitted ____________________________ **Date of Disaster** ___________________________

Name ____ Company ___________________________________

Office Address __________________________________ City, State, Zip _______________________________

Home Address __________________________________ City, State, Zip _______________________________

Telephone (Home)________________________________ (Office) ______________________________________

Please provide your temporary contact information:

Address _______________________________________ City, State, Zip _______________________________

Telephone/Cell __________________________________ Email _______________________________________

REQUIRED QUESTION

Describe the nature of what natural disaster impacted you and how, from a personal and business perspective (attach additional sheet if necessary).

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Describe how you plan to use emergency funds (attach additional sheet if necessary).

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Describe how you have been able to receive assistance from local, state and federal disaster programs since the disaster impacted your area:

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ASSISTANCE DELIVERY INFORMATION

Can you accept U.S. Mail, UPS and/or Fed Ex deliveries at your temporary location? ________ Yes ________ No

If not, do you have a bank institution where you can accept a wire transfer? ________ Yes ________ No

Please provide the following information for your banking institution:

Bank Name ____

Bank Contact Person if available (Name and Phone Number) ____________________________________

Account # ____

Routing # ____

Name on Account ____

How should payments of assistance be made payable? (In a business name or you personally)

Please provide this in writing ____

For shipping purposes, is your temporary location a business or residence? ________ Business ________ Residence

GRANT ASSISTANCE

Grants provided by NADL Disaster Relief Fund will depend upon funds available and be at the discretion of the Board of Directors. Grants are awarded on a first come first serve basis and eligibility is limited to individuals or businesses, located in those areas designated under the Presidential disaster order. Grant requests must be made within 12 months of the disaster.

CERTIFICATION BY APPLICANT

I certify that I have suffered a disaster to my dental laboratory and/or residence as stated in this application within the last 12 months.

I certify that the information contained in this application is true and complete. I understand that a fraudulent representation or omission of any information provided is grounds for immediate refusal to grant assistance under this program.

I understand that the granting of such assistance is neither a right nor entitlement and that the NADL shall have sole discretion in determining whether I qualify for assistance.

Signed ____ Date ____________________

Please return to:

National Association of Dental Laboratories
325 John Knox Road, Ste L103
Tallahassee, FL 32303

800-950-1150 (Phone)
850-222-0053 (Fax)

www.nadl.org