



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

Date Submitted _____

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).

OPTIONAL QUESTIONS

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

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

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.

CERTIFICATION BY APPLICANT

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

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