**様式第二号**(第四条の二関係)

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| 記入不要 | 登録番号 |  |
| 再交付年月日 |  |

歯科技工士免許証再交付申請書

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| 登録都道府県名 |  | | | | | 都道府県 | | ※コード番号 | | |
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| ※コード番号 |  |  |  |  | | | | | | |
| 本籍  (国籍) |  | | | | 都道府県 | |  | | | |

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| ふりがな | (氏) | (名) |  | 性別 | 男 |
| 氏名 |  |  |
| 女 |
| (旧姓) |  |
|  | |
| 通称名 |  |  |

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| 免許取得資　　　　格 | 昭和  平成  令和 |  |  | 年 |  |  | 月施行歯科技工士試験合格 | 受験地 |  |

　上記の歯科技工士免許証を(破った・汚した・失った)ので関係書類を添えて免許証の再交付を申請します。

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| 電話番号 | (　　　　) | | | | |  | | |
| 住所 | 〒 | 都道府県 |  | | | | | |
| 氏名 |  | | |  |  | |  |  |
| 受付印 |
| 厚生労働大臣  　　指定登録機関代表者　殿  ※印の欄は記載しないこと。 | | | | | | | |
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