



APPLICATION FOR THE RENEWAL OF LABORATORY OPERATIONAL LICENSE

This form should be filled and forwarded to the Director-General/Registrar/CEO with the appropriate fees and relevant documents.

NOTE: Renewal Application can only be processed by registered NISLT member with valid license and NISLT seal.

COMPLETE THE FORM LEGIBLY

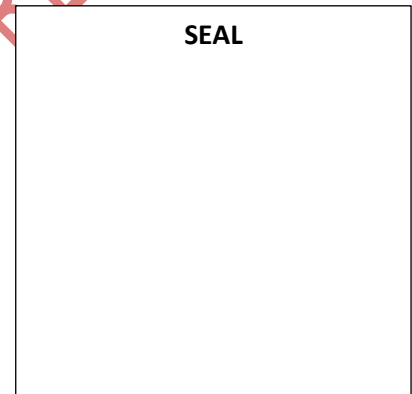
1.	Name of Organisation:						
2.	Laboratory Registration Number:						
3.	Name of Proprietor:						
4.	Contact Number of the Proprietor:						
5.	Location/Address of the Laboratory Service:						
6.	Email Address of the Proprietor:						
7.	Date of NISLT last visit:						
8.	Date of Laboratory Registration:						
9.	Date of Last Renewal:						
10.	Indicate the type of laboratory			Private		Public	
11.	Indicate the type of laboratory service rendered						
	<i>School</i>		<i>Post-secondary Institution</i>		<i>Industrial</i>		<i>Research Institution</i>
12.	Indicate the Category of laboratory service						
	<i>Category A</i>		<i>Category B</i>		<i>Category C</i>		
13.	Indicate if the location of laboratory service and address has changed after last inspection						
	<i>Address and location has change</i>				<i>Address and location has not change</i>		

INFORMATION OF NISLT MEMBER RENEWING THE OPERATIONAL LICENSE

14.	Name of NISLT Registered Member:	
15.	Membership Registration Number (Annual Practicing License):	
16.	Starting date of Engagement with this Organisation:	
17.	NISLT Annual Practicing License last renewal date:	
18.	Email Address	
19.	Contact Phone Number:	
20.	Area of Specialization:	

DECLARATION BY APPLICANT

- (i) I, a registered member of the NISLT hereby declare that all information given in this form are correct to the best of my knowledge.
- (ii) Any false or incomplete information given in this form will automatically disqualify this application for renewal of the Laboratory Operational License.
- (iii) I shall accept as final the decision of the council whether or not my application is successful.
- (iv) I undertake to accept and agree to the enabling Act and the bye-laws of the Nigerian institute of science laboratory technology as they now exist and as they may from time be amended or enacted.
- (v) I shall make all necessary payment, stipulated for the as at when due.



NISLT MEMBERSHIP SEAL

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FULL NAME

SIGNATURE AND DATE

FOR OFFICIAL USE ONLY

Eligible

Not Eligible

Receipt No.:

Date Received:

Date Registered:

Form Processed by:

This form should be filled and returned to the registrar of the institute with the appropriate registration fees subscription.

For further information and enquiries, please contact the Registrar/Chief Executive Officer

Nigerian Institute of Science Laboratory Technology

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