Texas State Board of Dental Examiners

TEXAS

DUPLICATE ANNUAL REGISTRATION CERTIFICATE REQUEST FORM

(For Dental Mobile Dental Facilities/Portable Dental Units)

333 Guadalupe, Tower 3, Suite 800 Austin, Texas 78701-3942 Phone: (512) 463-6400

Fax: (512) 463-6400 Fax: (512) 463-7452 www.tsbde.state.tx.us

Instructions:

- 1. The owner of the Mobile Dental Facility or Portable Dental Unit should complete this application.
- 2. Use this form to request a duplicate annual registration certificate for a Texas Mobile Dental Facility/Portable Dental Unit Certificate.
- 3. Mail this form and your non-refundable fee to the Texas State Board of Dental Examiners (TSBDE) at the address listed above. Payment can be made by check, money order or cashiers check (do not send cash). Please make payment payable to the TSBDE.
- 4. If requesting more than one certificate, please pay \$25.00 for each certificate requested.
- 5. <u>Processing and Receiving Your Annual Registration Certificate</u>. Please allow two weeks for processing. Your annual registration certificate will be mailed to your address on file with the TSBDE. If your address has changed, include a <u>TSBDE</u> <u>Change of Address Form</u> with this request form to avoid delays in receiving your annual registration certificate.

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Today's Date:			
Full Name of	'Unit:		Non-Refundable Fee
_			\$25.00
Facility/Unit Re	egistration Number:		-
Contact Information*:			Per Certificate
	Street # and Street Name		
	City, State, Zip Code		
	Phone Number (Including Area Code)		
* The registration cer	tificate will be mailed to the address listed above.		
Facility/Unit Owner Name:		Phone Number:	
E-Mail Address:			
Number of Add	itional Registration Certificates Requested	: Amount [Oue:*
* - Pay \$25.00 for e	ach additional certificate requested.		
	my new certificate(s) will be mailed to the address is needed, I will submit a TSBDE Change of Ad		
	Date	Sig	nature