



Texas State Board of Dental Examiners

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www.tsbde.state.tx.us

**DUPLICATE ANNUAL REGISTRATION CERTIFICATE
REQUEST FORM
(For Dental Laboratories)**

Instructions:

1. A dental laboratory owner or manager must complete this application.
2. Use this form to request a duplicate annual registration certificate for Texas registered dental laboratories.
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. **Processing and Receiving Your Annual Registration Certificate.** 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 **TSBDE Change of Address Form** with this request form to avoid delays in receiving your annual registration certificate.

Today's Date: _____

**Full Name of
Dental Lab:** _____

Texas Dental Lab Registration Number: _____

**Contact
Information*:** _____

Street # and Street Name

City, State, Zip Code

Phone Number (Including Area Code)

Non-Refundable Fee

\$25.00

Per Certificate

* The registration certificate will be mailed to the address listed above.

The person completing this form is the: _____ **Lab Owner** _____ **Lab General Manager**

Your Name: _____ **Your Phone Number:** _____

Your E-Mail Address: _____

Number of Additional Registration Certificates Requested: _____ **Amount Due:** _____*

* - Pay \$25.00 for each additional certificate requested.

I understand that my new certificate(s) will be mailed to the address currently on file with the TSBDE and that if a change of address is needed, I will submit a TSBDE Change of Address Form along with this request.

Date

Signature