



## Texas State Board of Dental Examiners

1801 Congress Avenue, Suite 8.600

Austin, Texas 78701

(512) 463-6400 Fax (512) 649-1658

# CHANGE OF ADDRESS FORM

**Instructions:** This form must be completely filled out. The form may also be accessed via your online licensing account for an immediate update to your file. Once completed you mail email this form to the Licensing division at [licensinghelp@tsbde.texas.gov](mailto:licensinghelp@tsbde.texas.gov) or fax to 512-649-1658, or mail it to the office at the address above.. Pursuant to §108.10 & §115.7 & §114.2(j) A licensee shall notify the Board within sixty (60) days of any: (1) change of address of the licensee's place of business; (2) change of the licensee's employer; or (3) change in the licensee's mailing address.

<b>Check (✓) one, I am a :</b> <input type="checkbox"/> Dentist <input type="checkbox"/> Hygienist <input type="checkbox"/> Registered Dental Assistant	<b>For Agency Use Only</b> Processed by: _____ Date VR Updated: _____
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<b>Social Security #:</b>		<b>License or Registration #:</b>		
<b>Old Information</b>				
Legal First Name		Legal Middle Name	Legal Last Name	
Address		City	State	Zip Code
<b>New Information: Enter updated information</b>				
Legal First Name		Legal Middle Name	Legal Last Name	
Current Address		City	State	Zip Code
Permanent Address		City	State	Zip Code
Work Address		City	State	Zip Code
Preferred mailing address: (preferred address will be made available to the public)				
<input type="checkbox"/> Current		<input type="checkbox"/> Permanent	<input type="checkbox"/> Work	
Daytime Phone #		Email Address		
<small>*Pursuant to Sec. 59.001 of the Dental Practice Act, the social security number of an applicant for or holder of a license, certificate of registration, or other legal authorization issued by a licensing agency to practice in a specific occupation or profession that is provided to the licensing agency is confidential and not subject to disclosure under Chapter 552, Government Code.</small>				

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**Signature**

\_\_\_\_\_  
**Date**