



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 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.

Check (✓) one, I am a :
Dentist Hygienist Registered Dental Assistant
For Agency Use Only
Processed by:
Date VR Updated:

Social Security #: License or Registration #:

Old Information

Legal First Name Legal Middle Name Legal Last Name

Address City State Zip Code

New Information: Enter updated information

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)
Current Permanent Work

Is the preferred mailing address your home address? (✓ Check one)
Yes No

Daytime Phone # Email Address

*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.

Signature

Date