



Texas State Board of Dental Examiners

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Austin, Texas 78701

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www.tsbde.texas.gov

CLOSURE NOTIFICATION FORM

Instructions: Registered dental laboratories, mobile dental facilities, and portable dental units must use this form to notify the TSBDE of a closure. Please note that notification is required within 60 days of closing.

When submitting, ensure you provide detailed information regarding the maintenance of dental records. You may email the completed form to licensinghelp@tsbde.texas.gov. Please allow up to two weeks for processing.

REGISTRANT INFORMATION

Date	Registration Number	Expiration Date	
Name			
Address		City/State	Zip Code
Phone Number	Email Address		
Owner/Manager		Date of Closure	

RECORD MAINTENANCE

In accordance with Board Rule §108.8, provide the name of the person or organization maintaining patient dental records.

Name of Individual or Organization maintaining dental records			
Address		City/State	Zip Code
If any, Texas License Number	Issue Date	Expiration Date	
Phone Number	Email Address		

In addition to the information provided, I hereby authorize the Texas State Board of Dental Examiners to obtain any additional documentation or information concerning the statements in this application from any relevant person or source.

I certify that all facts, statements, and answers contained in this application are true and correct. I have not omitted any information that may be relevant to the TSBDE.

SIGNATURE

DATE