



Texas State Board of Dental Examiners

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DUPLICATE RENEWAL LICENSE FORM

Instructions: This form must be completely filled out. Submit this form along with your check or money order to the TSBDE address listed above. Please allow two weeks for processing. Check (✓) which license type you are requesting. You may also request and pay for your duplicate renewal license certificate using your online licensing account.

<input type="checkbox"/> Dentist (DDS) \$27 each	How many?	Amount	Total Amount Due
<input type="checkbox"/> Registered Dental Hygienist (RDH) \$27 each	How many?	Amount	
<input type="checkbox"/> Registered Dental Assistant (RDA) \$27 each	How many?	Amount	

Social Security #:		License/Registration#:		
Current Information				
First Name		Middle Name		Last Name
Current Address:		City	State	Zip
Permanent Address:		City	State	Zip:
Work Address:		City	State	Zip
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>				

I understand that my new certificate(s) will be mailed to the address designated as my preferred mailing address above.

Signature

Date