



**Mobile Dental Facility or Portable  
Dental Unit Permit Application**

**Texas State Board of Dental Examiners**

1801 Congress Avenue, Suite 8.600  
Austin, Texas 78701  
Phone: (512) 463-6400/Fax: (512) 649-1658  
www.tsbde.texas.gov

<p>Instructions: Attach all required documents along with fee to this application. An incomplete application will be returned. Please note per Rule§ 108.42(b)(1): An application form submitted must include an address of record that is not a Post Office Box. Processing may take up to two weeks.</p>	<p><b>Amount Due</b></p> <p><b>\$121</b></p> <p><b>Check or money order</b></p>
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**Applicant is: (√ one)**

- Non-Profit Corporation Authorized to employ dentists (Complete Sections 1,3, and 4)
- Organization approved to provide mobile or portable dental services (Complete Sections 1, 3, and 4)
- Governmental or educational entity (Complete Section 1 and 4)
- Licensed Texas Dentist (Complete Sections 1, 2, 3, and 4)

**Section 1**

Organization Name

Contact First Name	Contact Middle Name	Contact Last Name
Street Address	City/State	Zip Code
Phone Number	Email Address	

If other than governmental or educational entity, enter date organization authorized by TSBDE:

**Section 2**

First Name	Middle Name	Last Name
Permanent Street Address	City/State	Zip Code
Business Street Address	City/State	Zip Code
Texas License Number	Issue Date	Expiration Date
Phone Number	Email Address	

**Section 3**

**Unless the Permit holder is a governmental or higher education entity, attach the following documents;**

- Name, address, and the license number of each dentists, dental hygienist, laboratory technician, and dental assistant associated with the facility;
- Copy of written agreement for the emergency follow-up care for patients treated in the mobile dental facility, or through a portable dental unit, and such agreement must include identification of and arrangements for the treatment in a dental office which is permanently established within a reasonable geographic area;

- A statement that the mobile dental facility or portable dental unit has access to COMMUNICATION FACILITIES which will enable dental personnel to contact assistance as needed in the event of an emergency;
- A statement that the mobile dental facility or portable dental unit conforms to all applicable federal , state, and local laws, regulations, and ordinances dealing with radiographic equipment , flammability, construction standards, including required or suitable access for disabled individuals, sanitation, and zoning.
- A statement that the applicant possess all applicable county and city licenses or permits to operate the facility or unit;
- A statement that the unit will only be used in dental offices of the applicant or other licensed dentists, or a list of all equipment to be contained and used in the mobile dental facility or portable unit, which must include:
  - A. Dental treatment chair;
  - B. A dental treatment light;
  - C. When radiographs are to be made by the mobile dental facility or portable dental unit, a stable portable radiographic unit that is properly monitored by the authorized agency;
  - D. When radiographs are to be made by the mobile dental facility or portable dental unit, a lead apron which includes a thyroid collar'
  - E. A portable delivery system, or an integrated system if used in a mobile dental facility;
  - F. An evacuation unit suitable for dental surgical uses; and
  - G. A list of appropriate and sufficient dental instruments including explorers and mouth mirrors, and infection control supplies, such as gloves, face masks, etc., that are on hand.

**Section 4**

In addition to the foregoing, I hereby give my permission for the Texas State Board of Dental Examiners to secure additional information or documentation concerning any of the statements or questions in this permit application from any person or source. All facts, statements and answers contained in this application are true and correct. In responding to the foregoing, I am not omitting any information, which might be of value to the TSBDE in determining applicant qualifications.

\_\_\_\_\_  
 APPLICANT'S SIGNATURE

\_\_\_\_\_  
 FOR ORGANIZATION

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Before me, the undersigned authority on this day personally appeared the applicant whose signature appears above and who being by me sworn upon oath says that all the facts, statements and answers contained in this application are true and correct.

Sworn and subscribed to before me, the said \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, to certify which witness my hand and seal of office.

\_\_\_\_\_  
 Notary Public

(SEAL)