ORDER FORM
for
DUPLICATE LICENSE CARDS AND LICENSE VERIFICATIONS

To request a duplicate license card or license verification, please complete the following form and enclose a check or money order in the amount of $25.00 made payable to the Board of the applicable profession and mail to the address listed above.

Request for:  
☐ Duplicate Pocket-License Card  ☐ License Verification

Profession:  
☐ Dentist  ☐ Dental Hygienist  ☐ Conscious Sedation Permit  ☐ General Anesthesia Permit

License #: ____________________________________________

Name of licensee or facility: ____________________________________________
(Please print CLEARLY)

Address/Location: ________________________________________________
(Street or PO Box)

(City) ____________________________________________ (State) ____________________________________________ (Zip) ____________________________________________

Phone #: (_____)__________________________

➤ For Verification of license requests, please indicate where verification should be mailed if different from above:

(Name or Agency Name)

(Mailing Address) (City) (State) (Zip)