



Nevada Board of Dental Examiners

2651 N Green Valley Parkway Suite 104, Henderson, NV 89014
(702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046
nsbde@dental.nv.gov

PETITION FOR ADVISORY OPINION

Applicant/Licensee: _____ **Date:** _____
Address: _____ **Suite No.:** _____
City: _____ **State:** _____ **Zip Code:** _____
Telephone: _____ **Fax:** _____ **Email:** _____

In the matter of the petition for an advisory opinion of NRS & NAC Chapter 631:

This request is for clarification of the following statute, regulation, or order:

(Identify the particular aspect thereof to which the request is made.)

Note: If you require additional space, you may attach separate pages to the petition form.

The substance and nature of this request is as follows:

(State clearly and concisely petitioner’s question.)

Note: If you require additional space, you may attach separate pages to the petition form.

(Please submit any additional supporting documentation with the petition form)

Wherefore, applicant/licensee requests that the Nevada State Board of Dental Examiners grant this petition and issue an advisory opinion in this matter.

Applicant/Licensee Signature