



Nevada State Board of Dental Examiners
 6010 S. Rainbow Blvd., Bldg A, Ste. 1 • Las Vegas, NV 89118
 (702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

NOTICE OF ADDRESS CHANGE

Name of Licensee: _____ Effective Date: _____

Dental License Number: _____ Do you hold a Sedation or Site permit: YES NO

Dental Hygiene License Number: _____

YOU MUST SPECIFY ALL CHANGES THAT ARE REQUIRED. You must designate which address you prefer for Board correspondence. If you do not designate an address, your primary office location will become your correspondence address. ATTACH ADDITIONAL PAGES IF MORE SPACE IS NEEDED IN REPORTING ALL LOCATIONS WHERE YOU PRACTICE.

<input type="checkbox"/> New Home Address Street Address: _____ Apt No: _____ City: _____ State: _____ Zip Code: _____ Home Telephone: (____) _____ - _____ Cell Number: (____) _____ - _____ E-Mail Address: _____ <input type="checkbox"/> CORRESPONDENCE ADDRESS – PUBLIC RECORD	Practice Address: (Check One) <input type="checkbox"/> PRIMARY Office <input type="checkbox"/> REMOVE Office - No longer practicing at office Office Name: _____ Street Address: _____ Suite No: _____ City: _____ State: _____ Zip Code: _____ Office Number: (____) _____ - _____ Fax Number: (____) _____ - _____ <input type="checkbox"/> CORRESPONDENCE ADDRESS – PUBLIC RECORD
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Practice Address: (Check One) <input type="checkbox"/> ADDITIONAL Office <input type="checkbox"/> REMOVE Office - No longer practicing at office Office Name: _____ Street Address: _____ Suite No: _____ City: _____ State: _____ Zip Code: _____ Office Number: (____) _____ - _____ Fax Number: (____) _____ - _____	Practice Address: (Check One) <input type="checkbox"/> ADDITIONAL Office <input type="checkbox"/> REMOVE Office - No longer practicing at office Office Name: _____ Street Address: _____ Suite No: _____ City: _____ State: _____ Zip Code: _____ Office Number: (____) _____ - _____ Fax Number: (____) _____ - _____
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Licensee Signature: _____ Date: _____