



Nevada State Board of Dental Examiners

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Las Vegas, NV 89118
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VOLUNTARY SURRENDER OF LICENSE

STATE OF _____

COUNTY OF _____

I, _____, hereby surrender my Nevada
Dental /Dental Hygiene (circle one) license number _____ on _____ day of
_____, 20_____.

By signing this document, I understand, pursuant to Nevada Administrative Code (NAC) 631.160, the surrender of this license is absolute and irrevocable. Additionally, I understand that the voluntary surrender of this license does not preclude the Board from hearing a complaint for disciplinary action filed against this licensee.

Licensee Signature

Date

Notary Seal

Notary Signature

Licensee Current Mailing Address: _____

Home Phone _____ Cell Phone: _____