

Nevada Board of Dental Examiners

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EXAM / LICENSE VERIFICATION ORDER FORM

Name of Person Reque	esting:	Contact Telephone Number:
Mailing address to whi Entity / Office / Ind Street Address:		
City, State and Zip (
LICENSE TYPE: VERIFICATION TYPE:	 □ Dentist - License No: □ Dental Hygienist - License I □ License Verification (included in the content of the	No:ing applicable permits) - \$25.00
	ense verifications are requested	l together, the total fee is \$25 for both verifications
Payment Method:		
Check / Money Order		Order Total: \$
Credit Card -	MasterCard / Visa / Discov	er Order Total: \$
Exp. Da	Card Billing Address:	Security Code:
Purchasers Signature:		Date

Request forms are accepted:

By mail to the address at the top of the page, by fax to (702) 486-7046 or email PDF to nsbde@dental.nv.gov