NEVADA STATE BOARD OF DENTAL EXAMINERS
2651 N Green Valley Parkway, Suite 104,
Henderson, Nevada 89014
nsbde@dental.nv.gov
Phone (702) 486-7044 | (800) DDS-EXAM | Fax (702) 486-7046

Local Anesthesia/ Nitrous Oxide Duplicate Request Form

To receive a duplicate copy of your local anesthesia and/or nitrous oxide permit complete this form and return it to the Board office via mail, email, or fax. Please provide your addresses below to ensure that your permit is sent to your preferred address and that the Board has your most current contact information. Your duplicate permit will be mailed within 2–14 business days or can be picked up in person.

NAME_____ License No _____

PRIMARY OFFICE Name _____

Street Address _____

City/State/Zip _____

Office Phone _____ Office Fax _____

[ ] Correspondence Address – PUBLIC RECORD

ADDITIONAL OFFICE Name (including out of state offices) _____

Address _____

City/State/Zip _____

Office Phone _____ Office Fax _____

***HOME Address**_____

*City/State/Zip _____ *Home Phone _____

* Email _____ *Cell Phone _____

[ ] Correspondence Address – PUBLIC RECORD

Submit my permit to: [ ] Primary Office [ ] Home Address [ ] I will pick up in- person

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Duplicate Permit Request

Quantity ($25.00 each): _____ (submit payment form, check, or money order)

_____
Licensee Signature Date

Nevada State Board of Dental Examiners
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Henderson, NV 89014
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CREDIT CARD AUTHORIZATION FORM

Name of Person Requesting:

Telephone Number:
( )_____-_____

NV License Number: ☐ Dental ☐ Dental Hygiene

Mailing Address (where to mail document requested):

_____

_____

Suite No.:_____ **City:** _____

State:_____ **Zip Code:** _____

Dental Licensure Application Fees

- ☐ License by Exam – WREB ($1200)
- ☐ License by Exam – ADEX ($1200)
- ☐ License by Endorsement ($1200)
- ☐ Military by Reciprocity ($1200)
- ☐ Geographically Restricted ($600)
- ☐ Limited License – Faculty / Resident ($125)
- ☐ Limited Licensed for Supervision ($100)
- ☐ Restricted License ($125)
- ☐ Specialty License by Cred. [Dentists w/o NV license] ($1325)
- ☐ Specialty License by App. [ONLY Dentists w/ NV license] ($125)
  (If applying for a specialty license without a NV general dentist license, application fee is $1,325)

Dental Anesthesia Permit Fees

Permit Application: $_____ (choose below):
- ☐ General Anesthesia Administrator Permit ($750)
- ☐ Moderate Sedation Administrator Permit ($750)
- ☐ Pediatric Moderate Sedation Administrator Permit ($750)
- ☐ Site Permit ($500)

Renewal: $_____| Permit No.: _____
(choose one): ☐ General Anesthesia | ☐ Moderate Sedation ☐ Site Permit

Permit Re-Inspection: $_____
(choose one): ☐ Administration Permit Re-inspection ($500) ☐ Site Permit Re-inspection ($350)

Infection Control Inspection

- ☐ Initial Infection Control Inspection ($250)

Miscellaneous Fees

☐ ~~NRS Booklet ($3)~~ x ____ SOLD OUT	☐ ~~NAC Booklet ($3)~~ x ____ SOLD OUT
☐ Returned Check Fee ($25)	☐ Change of Address Fine ($50)
☐ Civil Penalty $_____	☐ Investigation Costs $_____

☐ Continuing Education Provider Fee:
(1st Hour = $150 / each additional hour = $50)
Total Hours:_____ Total Fee: $ _____

Dental Hygiene Licensure Application Fees

- ☐ Licensure by Exam – WREB ($600)
- ☐ Licensure by Exam – ADEX ($600)
- ☐ Licensure by Endorsement ($600)
- ☐ Geographically Restricted ($150)
- ☐ Limited License ($125)
- ☐ Military by Reciprocity ($600)

Dental Hygiene Permit Application Fees

- ☐ Local Anesthesia Permit ($25)
- ☐ Nitrous Oxide Permit ($25)

License Renewal Fees

- ☐ Active Status $ _____
- ☐ Inactive Status $ _____
- ☐ Retired Status $ _____
- ☐ Disabled Status $ _____
- ☐ Limited License $ _____
- ☐ Restricted License $ _____
- ☐ License Reactivation ($300)

Reinstatement of License Fees

☐ Suspended ($300) | ☐ Revoked ($500)

Request for Duplicate Certificate Fees

- ☐ Duplicate Wall Certificate ($25)
- ☐ Name Change Fee - New Wall Certificate ($25)
- ☐ Duplicate DH Local Anesthesia/N2O Permit ($25)
- ☐ Duplicate Dental Anesthesia Permit ($25 each)
  (Select below):
  - ○ GA Admin. Permit No.:_____
  - ○ Mod. Sedation Admin. Permit No.: _____
  - ○ Peds Mod. Sed Admin. Permit No.: _____
  - ○ Site Permit No.:_____

Other: _____

_____

_____

Name on Credit Card:

Method of Payment:
☐ MasterCard | ☐ Visa | ☐ Discover

Total Amount Authorized:
$ _____

Credit Card Billing Address:

_____

_____

Ste. No.:_____ **City:** _____

State:_____ **Zip Code:** _____

Credit Card Number:

_____-_____-_____-_____

Exp. Date:_____- _____ **Security Code:**_____

Purchaser's Signature:_____ **Date:**____/_____/_____

**** THERE IS A 7 to 15 BUSINESS DAY PROCESSING PERIOD FOR ALL REQUESTS****

Form accepted by mail or fax (see the top of the page), or email PDF to nsbde@dental.nv.gov