



Nevada State Board of Dental Examiners  
 2651 N. Green Valley Parkway Suite 104, Henderson NV 89014  
 (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	<b>Practice Address: (Check One)</b> <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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<b>Practice Address: (Check One)</b> <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: (_____) _____ - _____	<b>Practice Address: (Check One)</b> <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: \_\_\_\_\_