



Nevada Board of Dental Examiners  
 2651 N Green Valley Parkway Suite 104, Henderson, NV 89014  
 (702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

**PETITION FOR ADVISORY OPINION**

Applicant/Licensee: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Suite No.: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

In the matter of the petition for an advisory opinion of NRS & NAC Chapter 631:

This request is for clarification of the following statute, regulation, or order:  
 (Identify the particular aspect thereof to which the request is made.)

*Note: If you require additional space you may attach separate pages to the petition form.*

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The substance and nature of this request is as follows:  
 (State clearly and concisely petitioner's question.)

*Note: If you require additional space you may attach separate pages to the petition form.*

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*(Please submit any additional supporting documentation with the petition form)*

Wherefore, applicant/licensee requests that the Nevada State Board of Dental Examiners grant this petition and issue an advisory opinion in this matter.

\_\_\_\_\_  
 Applicant/Licensee Signature