## **Nevada State Board of Dental Examiners**



2651 N Green Valley Parkway, Ste.104 • Henderson, NV 89014 • (702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

## **VOLUNTARY SURRENDER OF LICENSE**

I,	, hereby surrender my Dental / Dental Hygiene (circle one)	
Print name	•	
License number on	the day of	, 20
By signing this document, I understa	and, pursuant to Nevada Administra	ntive Code (NAC) 631.160, the surrender
of this license is absolute and irrevoc	cable. Additionally, I understand th	nat the voluntary surrender of this license
does not preclude the Board from he	aring a complaint for disciplinary a	action filed against this licensee.
Provide full current mailing address	including city, state and zip on the	line below:
Email address:		
Home Phone: ()	Cell Phone: (	)
	Licensee Signature	
	Date of Signature (mus	t correspond with notary date)
State of		
County of		
		day of, 20
	Notary Public	
	My Commission Expires	