



EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
 DEPARTMENT OF PUBLIC HEALTH
 BUREAU OF HEALTH PROFESSIONS LICENSURE
 BOARD OF REGISTRATION IN DENTISTRY
 250 WASHINGTON STREET BOSTON, MA 02108
 OFFICE 617-973-0971 FAX 617-973-0980
www.mass.gov/dph/dentalboard

REQUEST FOR CHANGE IN LICENSE STATUS

*Use this form to request a name change, address change and/or request a duplicate license.
 Mail requests to the address above to the attention of the Board.
 Check all that apply:*

NAME CHANGE ADDRESS CHANGE DUPLICATE LICENSE

[NOTE: IF YOU ARE REQUESTING A NAME CHANGE AND HAVE A CURRENT OR EXPIRED LICENSE WITH ANOTHER BOARD(S) WITHIN THE DIVISION, THE REQUESTED NAME CHANGE WILL BE EFFECTIVE FOR ALL BOARDS.]

Print/type clearly the information as it
 CURRENTLY SHOWS on your license:

Name: _____

Address: _____

City/Town: _____

State: _____

Print/type clearly the information as you
 wish it to appear on your NEW license.

Name: _____

Address: _____

City/Town: _____

State: _____ Zip Code: _____

For a name change, you MUST return the original hard copy of your license and submit a copy of supporting documents.

Check document submitted: marriage certificate divorce decree court documents other

Board Code: DN DH DA (circle one)

Lic. No: _____

Circle other professional licenses held: Nursing Pharmacy
 Physician Assistant Respiratory Care Perfusion
 Nursing Home Administrator

Lic. Type: _____

SSN (Mandatory): _____

Birth Date: _____

Expiration Date: _____

For official use only:	
Fee: _____	Date Received: _____
MLO Receipt #: _____	MLO Receipt Date: _____
Staff Signature: _____	

If your current license has been lost or stolen, please check here. _____

All addresses are subject to disclosure upon request, pursuant to MGL, Ch.4, Section 7.

My signature hereon attests under penalties of perjury that the information provided is truthful, complete and for lawful and honest purposes.

 Signature

 Telephone Number

 Date

FEES:

- | | |
|---------------------------------|---------|
| 1. Duplicate License | \$17.00 |
| 2. Name change with-new license | \$27.00 |
| 3. Address changes only | no fee |

**Make check or money order payable to the Commonwealth of MA.
 DO NOT SEND CASH OR ELECTRONIC FUNDS TRANSFERS**