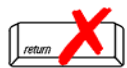




Change of Ownership Notification

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



DEP USE ONLY
/ /
Date Received

Instructions: email the completed form to dental.mercury@mass.gov

Check only one:

1. I am the current/outgoing owner of the dental facility

Fill out all available information. You may skip New Owner Information, as needed.

2. I am the new/incoming owner of the dental facility

Complete this form within 60 days of taking ownership of a Dental Facility. If unknown, you may skip Facility ID, Regulated Object, and Previous Owner Information.

Facility Information

Facility Address	Suite/Unit	
Town	State	Zip Code
Facility ID (FAC) Number		
Regulated Object (RO) Number		

Current/Outgoing Owner Information

Name of Business/Facility	
Owner Name	
Email Address	Phone Number
Ownership End Date (mm/dd/yyyy)	

New/Incoming Owner Information

Name of Business/Facility	
Owner Name	
Email Address	Phone Number
Ownership Start Date (mm/dd/yyyy)	

Form continues on next page.

Form Completed By

Name

Title

Organization

Email Address

"I attest under the pains and penalties of perjury that:

- (i) I have personally examined and am familiar with the information contained in this submittal;
- (ii) Based on my inquiry of those individuals responsible for obtaining the information, the information contained in this submittal is to the best of my knowledge, true, accurate, and complete; and
- (iii) I am fully authorized to make this attestation on behalf of this facility. I am aware that there are significant penalties including, but not limited to, possible fines and imprisonment for willfully submitting false, inaccurate, or incomplete information."

Signature

Date (mm/dd/yyyy)