



**DUPLICATE ANNUAL REGISTRATION CERTIFICATE
REQUEST FORM**
(For Dentists, Dental Hygienists & Dental Assistants)

Texas State Board of Dental Examiners
333 Guadalupe, Tower 3, Suite 800
Austin, Texas 78701-3942
Phone: (512) 463-6400
Fax: (512) 463-7452
www.tsbde.texas.gov

Instructions:

1. Use this form to request another copy of your (half-sheet) annual registration certificate. This certificate that bears only the signature of the Texas State Board of Dental Examiners (TSBDE) Board President.
2. Fill out form completely using black or blue-black ink and do not leave any questions blank.
3. Mail this form and your non-refundable fee to the TSBDE at the address listed above. Payment can be made by check, money order or cashiers check (do not send cash).
4. If requesting more than one certificate, please pay \$25.00 for each certificate requested. **Your annual renewal fee covers the cost of your annual registration certificate.***
5. **Processing and Receiving Your Annual Registration Certificate.** Please allow two weeks for processing. Your annual registration certificate will be mailed to your address on file with the TSBDE. If your address has changed, include a **TSBDE Change of Address Form** with this request form to avoid delays in receiving your annual registration certificate.

Date: _____

Name: _____

E-Mail Address: _____

Check One: **I am a:** **Dentist** _____
Dental Hygienist _____
Dental Assistant _____

Non-Refundable Fee

\$25.00

(each/per certificate)

Texas License Number _____
(Dentists and Dental Hygienists)

Dental Assistant
 Registration Number# _____

Number of Additional Registration Certificates Requested: _____ Amount Due: _____*

* - Pay \$25.00 for each additional certificate requested. Your annual renewal fee covers the cost of your annual registration certificate.

I understand that my new certificate(s) will be mailed to the address currently on file with the TSBDE and that if a change of address is needed, I will submit a TSBDE Change of Address Form along with this request.

_____ Date

_____ Signature