



# Mobile Dental Facility or Portable Dental Unit Permit Application

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

**Instructions:**

Please attach all required documents and the administrative fee to this application.  
Make checks payable to the Texas State Board of Dental Examiners.

**\$120.00 FEE**  
NON-REFUNDABLE

## APPLICANT INFORMATION

**APPLICANT IS:** (Check One)

- NON-PROFIT CORPORATION AUTHORIZED TO EMPLOY DENTISTS (Complete Sections 1 and 3)
- ORGANIZATION APPROVED TO PROVIDE MOBILE OR PORTABLE DENTAL SERVICES (Complete Sections 1 and 3)
- GOVERNMENTAL OR EDUCATIONAL ENTITY (Complete Section 1)
- LICENSED TEXAS DENTIST (Complete Sections 2 and 3)

## SECTION 1

**ORGANIZATION NAME:** \_\_\_\_\_

**CONTACT NAME:**

_____	_____	_____	_____
FIRST NAME	MIDDLE NAME	MAIDEN NAME (If Applicable)	LAST NAME

**ADDRESS:**

_____	_____	_____	_____
STREET (NO P.O. BOX #S)	CITY	STATE	ZIP CODE

If other than governmental or educational entity, enter date organization authorized by TSBDE: \_\_\_\_\_

## SECTION 2

**APPLICANT NAME:**

_____	_____	_____	_____
FIRST NAME	MIDDLE NAME	MAIDEN NAME (If Applicable)	LAST NAME

**PERMANENT ADDRESS:**

_____	_____	_____	_____
STREET (NO P.O. BOX #S)	CITY	STATE	ZIP CODE

**BUSINESS ADDRESS:**

_____	_____	_____	_____
STREET (NO P.O. BOX #S)	CITY	STATE	ZIP CODE

**LICENSE NUMBER:** \_\_\_\_\_

**EXPIRATION DATE:** \_\_\_\_\_

**SECTION 3**

**ATTACH THE FOLLOWING DOCUMENTS**  
**(Unless Permit Holder is a governmental or higher education entity)**

- \_\_\_ NAME and ADDRESS, and when applicable, the license number of each dentist, dental hygienist, laboratory technician, and dental assistant associated with the facility or unit for which a permit is sought;
- \_\_\_ Copy of a WRITTEN AGREEMENT for the emergency follow-up care for patients treated in the mobile dental facility, or through a portable dental unit, and such agreement must include identification of and arrangements for treatment in a dental office which is permanently established within a reasonable geographic area;
- \_\_\_ A statement that the mobile dental facility or portable dental unit has access to COMMUNICATION FACILITIES which will enable dental personnel to contact assistance as needed in the event of an emergency;
- \_\_\_ A statement that the mobile dental facility or portable dental unit conforms to all applicable federal, state, and local laws, regulations, and ordinances dealing with radiographic equipment, flammability, construction standards, including required or suitable access for disabled individuals, sanitation, and zoning;
- \_\_\_ A statement that the applicant possesses all applicable county and city licenses or permits to operate the facility or unit;
- \_\_\_ A statement that the unit will only be used in dental offices of the applicant or other licensed dentists, or a list of all equipment to be contained and used in the mobile dental facility or portable dental unit, which must include:
  - (A) Dental treatment chair;
  - (B) A dental treatment light;
  - (C) When radiographs are to be made by the mobile dental facility or portable dental unit, a stable portable radiographic unit that is properly monitored by the authorized agency;
  - (D) When radiographs are to be made by the mobile dental facility or portable dental unit, a lead apron which includes a thyroid collar;
  - (E) A portable delivery system, or an integrated system if used in a mobile dental facility
  - (F) An evacuation unit suitable for dental surgical use; and
  - (G) A list of appropriate and sufficient dental instruments including explorers and mouth mirrors, and infection control supplies, such as gloves, face masks, etc., that are on hand.

**SECTION 4**

In addition to the foregoing:

- A. I hereby give my permission for the Texas State Board of Dental Examiners to secure additional information or documentation concerning any of the statements or questions in this permit application from any person or source.
- B. All facts, statements and answers contained in this application are true and correct. In responding to the foregoing, I am not omitting any information, which might be of value to the TSBDE in determining applicant qualifications.

STATE OF \_\_\_\_\_

\_\_\_\_\_  
APPLICANT'S SIGNATURE

COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
FOR ORGANIZATION

Before me, the undersigned authority on this day personally appeared the applicant whose signature appears above and who being by me sworn upon oath says that all the facts, statements and answers contained in this application are true and correct.

Sworn and subscribed to before me, the said \_\_\_\_\_ this day \_\_\_\_\_ day of

\_\_\_\_\_, 20 \_\_\_\_\_, to certify which witness my hand and seal of office.

\_\_\_\_\_  
NOTARY PUBLIC

(SEAL)