



Texas State Board of Dental Examiners

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MOBILE DENTAL FACILITY
PORTABLE DENTAL UNIT RENEWAL FORM

Renew by Mail:

- This form is to be filled out by the Mobile Dental Facility / Portable Dental Unit Owner.
- Mail this form and your annual renewal fee to the Texas State Board of Dental Examiners (TSBDE) at the address listed above.
- You may renew your certificate within 45 days of the expiration date. An Incomplete Renewal Form will be returned without action.

MOBILE FACILITY/PORTABLE UNIT INFORMATION

Name of Owner:
Registration #:
Address:
Phone:
E-Mail:
Texas Dental License:

MOBILE FACILITY/UNIT OWNER

Name & Address:
Phone #:
E-Mail:

Has the owner of this facility changed within the last year? Yes No

CHANGE OF ADDRESS Complete only if the Mobile Facility or Portable Unit needs to change its address. This address will be published on the internet to the public.

Address:
City:
State:
Country:
Zip Code:
Phone:
E-Mail Address:

ANNUAL REPORTING COMPLIANCE REQUIREMENT:

In accordance with TSBDE Rule 108.43, a permit holder except, governmental and higher education entities, shall submit on the 10th work day of September each year a written report for preceding year ending August 31, detailing the location, including a street address, the dates of each session and the number of patients served and the types of dental procedures and quantity of each service provided; except that such written reports may exclude information concerning dental services provided to less than three individuals at a private residence.

Is this Mobile Dental Facility/Portable Dental Unit compliant in submitting its Written Report for this renewal year: Yes No

If no, provide explanation:

DISCIPLINARY ACTION OR CRIMINAL OFFENSES

- 1. Has the Mobile Facility/Portable Unit Owner ever been convicted of a misdemeanor or felony not yet reported to the Board?
2. Has the Mobile Facility/Portable Unit Owner ever been the subject of a disciplinary investigation or action (including a cease and desist order) in this jurisdiction or any other jurisdiction not yet reported to the TSBDE?

ATTESTATION

By signature, I hereby attest that this mobile facility/portable unit is in complete compliance with the Dental Practice Act and Rules and Regulations of TSBDE regarding the operation of a mobile facility or portable unit in Texas. I understand I may be asked to provide copies of any required documents in support of this registration and/or renewal.

FEES

Annual Renewal Fee: \$ 60.00
Total Amount Paid: \$

Signature of Owner Date