



**MOBILE DENTAL FACILITY/  
DENTAL PORTABLE UNIT  
CHANGE OF ADDRESS REQUEST FORM**

**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:** This form should be filled out by the Mobile Dental Facility/Portable Dental Unit Owner and mailed to the Texas State Board of Dental Examiners at the address listed above.

**Today's Date:** \_\_\_\_\_

**Facility/Unit Name:** \_\_\_\_\_

**Facility/Unit Owner Name:** \_\_\_\_\_

**The owner is a Texas Licensed Dentist:** \_\_\_ Yes \_\_\_ No **Texas Dental License #:** \_\_\_\_\_

**Facility/Unit Registration Number:** \_\_\_\_\_

- **I am changing my e-mail address for my facility/unit:** \_\_\_ Yes \_\_\_ No

**New E-Mail Address:** \_\_\_\_\_

- **Facility/Unit Physical Address Change**

- **Current Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone:** (\_\_\_\_\_) \_\_\_\_\_

- **New Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone:** (\_\_\_\_\_) \_\_\_\_\_

- **New Contact Information for the Facility Owner**

- **Current Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone:** (\_\_\_\_\_) \_\_\_\_\_

- **New Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone:** (\_\_\_\_\_) \_\_\_\_\_