



# DENTAL LABORATORY CHANGE OF ADDRESS REQUEST

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

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**Instructions:** This form should be filled out by the Dental Laboratory Owner or General Manager and mailed to the Texas State Board of Dental Examiners at the address listed above.

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

Lab Owner or  
General Manager Name: \_\_\_\_\_

Dental Laboratory Name: \_\_\_\_\_

Dental Lab Registration Number: \_\_\_\_\_

Check One:    I am the Lab Owner \_\_\_\_\_    I am a Lab General Manager \_\_\_\_\_

- 
- I am changing my e-mail address for my lab:    \_\_\_ Yes    \_\_\_ No

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

- Dental Laboratory Physical Address Change

- Current  
Address:

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

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

- New  
Address:

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

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

- New Contact Information for the Lab Owner or General Manager Completing this form

- Current  
Address:

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

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

- New  
Address:

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

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