



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

WALL LICENSE REPLACEMENT REQUEST FORM
(For Dentists and Dental Hygienists)

Instructions:

- 1. Dentists and Dental Hygienists use this form to replace the decorative certificate wall license issued at the time of initial licensure.
2. The Affidavit of Destruction or Loss of Texas Dental/Dental Hygiene License must accompany this request.
3. Mail this form and your non-refundable fee to TSBDE at the address listed above.
5. Do not complete this form if you are making a Name Change.

NON-REFUNDABLE FEE
\$25.00

Date: _____

PERSONAL INFORMATION

List your Full Legal Name

First Name: Middle Name: Last Name:

Texas License Number: I am a: Dentist Dental Hygienist

Social Security Number: E-Mail Address:

Mailing Address:

City: State: Zip: Country:

Daytime Phone Number: Alternate Phone Number:

I understand that my new certificate(s) will be mailed to the address currently on file with the TSBDE and I am including the Affidavit of Destruction or Loss of Texas Dental/Dental Hygiene License with this request.

Date

Signature

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**AFFIDAVIT OF DESTRUCTION OR LOSS OF
TEXAS DENTAL/DENTAL HYGIENE LICENSE**

STATE OF _____ COUNTY OF _____

I, _____ of _____, _____, do
(Name) (City) (State)

Hereby furnish the following information for the purpose of obtaining a duplicate Texas dental/dental hygiene license.

Mailing Address: _____

(City) (State) (Zip Code)

School Attended: _____ Year Graduated: _____
Texas License Number: _____ Year Issued: _____

The actual circumstances surrounding the destruction and/or loss of the above described license which was originally issued to me, the above-named licensee, are as follows:

All of the above information is true and correct. I understand that I may only possess one dental or dental hygiene license. I further state that I am the identical person to whom the above license was issued; and, should the above described license ever be found, I will return it to the office of the Texas State Board of Dental Examiners.

(Signature)

Before me, the undersigned authority, personally appeared _____,
known by me to be the person whose name is subscribed above, and who, after first being duly sworn by me, stated under oath that the above given statements are true and correct.

(Notary Public)

in and for _____ County; State of _____.
My Commission Expires _____.