



Texas State Board of Dental Examiners

333 Guadalupe, Tower 3, Suite 800
 Austin, Texas 78701-3942
 (512) 463-6400 Fax (512) 649-1658

CHANGE OF ADDRESS REQUEST

Instructions: This form must be completely filled out. Once completed you mail email this form to the Licensing division at licensinghelp@tsbde.texas.gov or fax to 512-649-1658, or mail it to the office at 333 Guadalupe Street Tower 3, Suite 800 Austin, Texas 78701. Pursuant to §108.10 & §115.7 & §114.2(j) A licensee shall notify the Board within sixty (60) days of any: (1) change of address of the licensee's place of business; (2) change of the licensee's employer; or (3) change in the licensee's mailing address.

Check (✓) one, I am a : <input type="checkbox"/> Dentist <input type="checkbox"/> Hygienist <input type="checkbox"/> Registered Dental Assistant	For Agency Use Only Processed by: _____ Date VR Updated: _____
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Social Security #:	License or Registration #:
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Old Information			
First Name	Middle Name	Last Name	
Address	City	State	Zip Code

New Information: Enter updated information			
First Name	Middle Name	Last Name	
Current Address:	City	State	Zip Code
Permanent Address:	City	State	Zip Code
Work Address:	City	State	Zip Code

Preferred mailing address: (preferred address will be made available to the public)

Current Permanent Work

Daytime Phone #:	Email Address:
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*Pursuant to Sec. 59.001 of the Dental Practice Act, the social security number of an applicant for or holder of a license, certificate of registration, or other legal authorization issued by a licensing agency to practice in a specific occupation or profession that is provided to the licensing agency is confidential and not subject to disclosure under Chapter 552, Government Code.

Signature

Date