



Texas State Board of Dental Examiners

333 Guadalupe, Tower 3, Suite 800
 Austin, Texas 78701-3942
 (512) 463-6400 Fax (512) 463-7452
 www.tsbde.texas.gov

**Mobile Dental Facility Duplicate Renewal
 Registration Form**

Instructions: The owner of the Mobile Dental Facility or Portable Dental Unit should complete this application. Use this form to request a duplicate registration certificate for a Texas Mobile Dental Facility/Portable Dental Unit Certificate. Mail this form and your non-refundable fee to the Texas State Board of Dental Examiners (TSBDE) at the address listed above. Payment can be made by check, money order or cashiers check (do not send cash). Please make payment payable to the TSBDE. If requesting more than one certificate, please pay \$27.00 for each certificate requested. Please allow two weeks for processing. The registration certificate will be mailed to your address on file with the TSBDE. If your address has changed, include a **TSBDE Change of Address Form** with this request form to avoid delays in receiving your registration certificate.

Mobile Dental Facility Duplicate Renewal Certificate \$27 each	How many?	Amount	Total Amount Due

Date:		Mobile Facility Registration #:		
Mobile Dental Facility Name				
Mailing Address:		City	State	Zip
Daytime Phone #:		Email Address:		
Facility Owner Contact Information				
Name:				
Phone Number:		Email Address:		

I understand that my new certificate(s) will be mailed to the address designated as my preferred mailing address above.

 Signature

 Date