

STATE OF OKLAHOMA BOARD OF DENTISTRY APPLICATION FOR PERMIT RENEWAL FOR 2017- DENTAL LAB

Your permit officially expires December 31, 2016!!

Fee for Non-Licensed Dentist owned Labs- \$300 / Fee for Licensed Dentist owned Labs- \$20 If postmarked after December 31, 2016, penalty is double the renewal fee!!

This form must be filled out <u>IN FULL</u> and returned with check or money order.

Failure to complete form will prevent processing and may cause late fee.

Return application and payment to:

Oklahoma State Board of Dentistry 2920 N Lincoln, Ste. B OKC, OK 73105

Section I. Official Registration and Correspondence Address

(This is the address in which you will receive official correspondence from the Board)

Dental Lab Name:				
Dental Lab Address (N	NO PO BOX ALLOWED):			
City:	State:	Zip:	County:	
	(The above inform	ation will be post	ed on the website)	
Lab Owner Name: Fin	rst:	MI:	Last:	
Residential Address:				
City:	State:	Zip:	County:	
Daytime Phone #: (_		SSN:		(Required by OTC
Email Address:		@		
Oklahoma Tax ID #: _				
(We wil	l not post the above info	rmation on the w	ebsite, it is for Board Use	only!)
Are you a licensed De	ntist in the State of O	klahoma?	Yes No Licens	se#
	Section II	l. Owner of De	ental Lab	
Please list all owners	of the Dental Lab:			
1. Name:		Address: _		
2. Name:		Address: _		<u>.</u>
3. Name:		Address: _		
4. Name:		Address: _		

(If multiple owners please refer to Page 3)

		List the names and title of each employee that works in the Der	ntal Lab:				
1.	Name	: Title:					
2.	Name	e: Title:					
3.	Name	Name: Title:					
4.	Name	: Title:					
		(Use additional sheets if necessary)					
		Section III: Please read and answer the question	<u>s below</u>				
	lic 2 3. Ha mi DV 4. Ha fel 5. Ha an	Since your last renewal or application: ave you been the subject of ANY disciplinary action by ANY governmensing authority; federal, state, or municipal, other than speeding to the year of your drivers license.	or conviction for any alcohol use such as DUI, or conviction for any ale applicant under any ced on probation or is NO				
		Section IV: Affidavit of Dental Lab Owner					
connectorial ground the Sta	tion the docum ls for di te of Ok	test that all information or statements made on this form or any information or statements made on this form or any information, to be true and correct. I understand and agree that this is a cent and any misrepresentation or fraudulent statement on any participal sciplinary action as set forth by the Oklahoma State Dental Act as we clahoma. I have read and understand the State Dental Act and Rules agree to abide by them.	a State of Oklahoma t of this form may be yell as other laws under				
Dental Lab Owner Signature: Date:							
		NSE AND OTHER FEES Dental Lab Permit Renewal- Licensed Dentist	\$20				
2.	2017	Dental Lab Permit Renewal- Non-Licensed Dentist	\$300				
		TOTAL ENCLOSED	\$				
		THE STATE OF OKLAHOMA ROARD OF DENTISTRY					

James A. Sparks, DDS. OKC, President Audrey Crawford, DDS, Grove Curtis Bowman, DDS, Enid Joseph Darrow OKC

Angela Craig, RDH, Edmond Michael Howl, DDS, Tulsa Lori Roberts, Esq., Broken Arrow Jeff Lunday, DDS, Norman

TRY
Jim Gore, DDS, Pryor
Lisa A. Nowlin, DDS, Elk City
Chief Phil Cotten, Retired, Norman

EACH OWNER OF THE DENTAL LAB WILL IS REQUIRED TO COMPLETE THE BELOW FORM AND SUBMIT WITH THE LAB RENEWAL APPLICATION. PLEASE MAKE COPIES OF THIS PAGE IF NECESSARY.

Dental Lab Address (NO PO BOX ALLOWED): (Tity:	Dental Lab Name:				
(The above information will be posted on the website) Lab Owner Name: First:	Dental Lab Address (NO PO) BOX ALLOWED):			
Lab Owner Name: First:	City:	State:	Zip:	County:	
Residential Address:		(The above inform	ation will be post	ed on the website)	
City: State: Zip: County:	Lab Owner Name: First:		MI:	Last:	
Daytime Phone #: (Residential Address:				
Email Address:	City:	State:	Zip:	County:	
(We will not post the above information on the website, it is for Board Use only!) Are you a licensed Dentist in the State of Oklahoma?YesNo _ License#	Daytime Phone #: (_)	SSN:		(Required by OTC)
Please read and answer the questions below Since your last renewal or application: 6. Have you been the subject of ANY disciplinary action by ANY government, jurisdictional or licensing authority; federal, state, or municipal, other than speeding tickets? 7YESNO 8. Have you pled guilty or no contest to or received a deferred sentence or conviction for any misdemeanor involving controlled dangerous substances (drugs) or alcohol use such as DUI, DWI, or APC or Public Intoxication?YESNO 9. Have you pled guilty or no contest to or received a deferred sentence or conviction for any felony?YESNO 10. Have you had a previous license or registration of any type held by the applicant under any name that has been surrendered, revoked, suspended, denied, or placed on probation or is any such action pending?YESNO *If you answered YES to any of the questions above, you are required to attach a letter with an explanation including any charges, dates, county/state, the outcome, and your drivers license number or a copy of your drivers license. *Affidavit of Dental Lab Owner** I do hereby attest that all information or statements made on this form or any information given in connection therewith, to be true and correct. I understand and agree that this is a State of Oklahoma official document and any misrepresentation or fraudulent statement on any part of this form may be grounds for disciplinary action as set forth by the Oklahoma State Dental Act as well as other laws under the State of Oklahoma. I have read and understand the State Dental Act and Rules of the State Board of Dentistry and agree to abide by them.	Email Address:		@		
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Dontal Lah Oumar Signatura.	connection therewith, to b official document and any grounds for disciplinary ac the State of Oklahoma. I ha	nformation or stat e true and correct misrepresentatior ction as set forth b ave read and unde de by them.	ements made on I understand and on I or fraudulent son I the Oklahoma	n this form or any infor nd agree that this is a S tatement on any part o State Dental Act as wel Dental Act and Rules o	State of Oklahoma If this form may be Il as other laws under