



**STATE OF OKLAHOMA BOARD OF DENTISTRY**  
**APPLICATION FOR PERMIT RENEWAL FOR 2024! FOR A MOBILE DENTAL CLINIC**

Your permit officially expires December 31, 2023!!

Fee for Mobile Dental Clinic- **\$300**

**If postmarked after December 31, 2023, penalty is double the renewal fee!!**

***Non-Refundable Fee***

**\*\*Failure to complete form or submit required documentation will prevent processing\*\***

**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**

Official Legal Mobile Dental Clinic Name: \_\_\_\_\_

Mobile Dental Clinic Address **(NO PO BOX ALLOWED):** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Mobile Dental Clinic Vehicle License Plate Number \_\_\_\_\_

Mobile Dental Clinic Assigned number by the Board \_\_\_\_\_

**(The above information will be posted on the website)**

Mobile Dental Clinic Owner Name: First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

Residential Address: City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Daytime Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Required by OTC)

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

Oklahoma Tax ID#: \_\_\_\_\_ (Please attach a copy to this application)

Oklahoma Dental License # of Treating Dentist: \_\_\_\_\_

List the Location of the Dental Office for Follow-up treatment \_\_\_\_\_

**(We will not post the above information on the website; it is for Board Use only!)**

**Section II. Owner of Mobile Dental Clinic**

If Multiple Owners, please list all Mobile Dental Clinic *owners*:

1. Mobile Dental Clinic Owner Full Legal Name: \_\_\_\_\_
2. Mobile Dental Clinic Owner Full Legal Name: \_\_\_\_\_
3. Mobile Dental Clinic Owner Full Legal Name: \_\_\_\_\_

List the names, type of license and number each employee that works for Mobile Dental Clinic:

1. Name: \_\_\_\_\_ License Type: \_\_\_\_\_
2. Name: \_\_\_\_\_ License. Type: \_\_\_\_\_
3. Name: \_\_\_\_\_ License Type: \_\_\_\_\_
4. Name: \_\_\_\_\_ License Type: \_\_\_\_\_

(Use additional sheets if necessary)

**Section III: Please read and answer the questions below:**

1. Have you been the subject of ANY disciplinary action by ANY government, jurisdictional orlicensing authority; federal, state, or municipal, other than speeding tickets?
2. \_\_\_\_\_ YES \_\_\_\_\_ NO
3. Have you ever 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 asDUI, DWI, or APC or Public Intoxication? \_  
YES \_\_\_\_\_ NO
4. Have you ever pled guilty or no contest to or received a deferred sentence or conviction forany felony? \_\_\_\_\_ YES \_\_\_\_\_ NO
5. 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? \_\_\_\_\_ YES  
NO

***\*If you answered YES to any of the questions above, you are required to attach aletter with an explanation including any charges, dates, county/state, and the outcome.***

**Section IV: Affidavit of Mobile Dental Clinic 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.

Mobile Dental Clinic Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TOTAL LICENSE AND OTHER FEES**

Mobile Dental Clinic Permit Renewal      **\$300**

**TOTAL ENCLOSED\$ \_\_\_\_\_**

**STATE OF OKLAHOMA BOARD OF DENTISTRY**

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