



**STATE OF OKLAHOMA BOARD OF DENTISTRY APPLICATION FOR A PERMIT TO OPERATE A DENTIST OWNED DENTAL LABORATORY**

This form must be filled out **IN FULL** and returned with following items:

- Color copy of driver's license for ALL lab owners
- Notarized and signed citizenship affidavit for ALL lab owners
- Page 3 of this application for ALL lab owners

**\*\*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 Dental Lab Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dental Lab Address (NO PO BOX ALLOWED): \_\_\_\_\_

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

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

Lab 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 #: \_\_\_\_\_

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

**Section II. Owner of Dental Lab**

Please list all owners of the Dental Lab:

1. Owner Full Legal Name: \_\_\_\_\_

2. Owner Full Legal Name: \_\_\_\_\_

**(IF MULTIPLE OWNERS REFER TO PAGE 3)**

Please specify what address you would like to receive official correspondence from the Board:

\_\_\_\_\_



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

Dental Lab Name: \_\_\_\_\_

Dental Lab Address (NO PO BOX ALLOWED): \_\_\_\_\_

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

(The above information will be posted on the website)

Lab Owner Name: First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_ Residential

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

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

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

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

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

1. Have you been the subject of ANY disciplinary action by ANY government, jurisdictional or licensing authority; federal, state, or municipal, other than speeding tickets?  
\_\_\_\_\_ YES \_\_\_\_\_ NO
2. 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 as DUI, DWI, or APC or Public Intoxication? \_\_\_\_\_ YES \_\_\_\_\_ NO
3. Have you *ever* pled guilty or no contest to or received a deferred sentence or conviction for any felony? \_\_\_\_\_ YES \_\_\_\_\_ NO
4. 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 a letter with an explanation including any charges, dates, county/state, and the outcome.***

**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.

Dental Lab Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THE STATE OF OKLAHOMA BOARD OF DENTISTRY**

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