

CHANGE OF MAILING OR HOME ADDRESS

INSTRUCTIONS: Fill out this form COMPLETELY to ensure that you maintain current mailing and home addresses on file with the Louisiana State Board of Dentistry. Fill in your name and dental or hygiene license number. Select the appropriate boxes for both your license type as well as the type of address change. If your home and mailing address are the same, and you are updating them both, then select both boxes. Provide your new home and/or mailing address. Then sign and date the bottom of the form and fax or mail it to the board office.

LAC 46:XXXIII.304 requires that you notify the board of any change in your mailing address within 30 days of the change.

INCOMPLETE FORMS WILL NOT BE PROCESSED.

NAME: _____ LICENSE NO. _____

☐ Dentist ☐ Hygienist

The address below is my new ☐ Mailing address ☐ Home address

Street address: _____

Suite or apt. number: _____

City State ZIP: _____

Telephone: _____

Licensee signature

Date