Oklahoma State Board of Dentistry
2920 N Lincoln, Ste B
OKC, OK 73105
Phone: (405) 522-4844
Fax: (405) 522-4614
www.ok.gov/dentistry

DUPLICATE ANNUAL REGISTRATION CERTIFICATE REQUEST FORM

(For Dentists, Hygienists, and OMS/ Dental Assistants)

Instructions:
1. Use this form to request a duplicate license or permit issued by the State Board of Dentistry.
2. Fill form out completely using blue or black ink and do not leave any questions blank. *If the form is incomplete, it will be mailed back.*
3. Mail this form and your non-refundable fee to the Oklahoma State Board of Dentistry at the address listed above. Payment can be made by check, money order, or cashier's check (Do NOT send cash). Please make payment to Oklahoma State Board of Dentistry or OKBOD.
4. If you are requesting a duplicate renewal certificate, please submit $10.00. If you are requesting a new wall license (for dentists and dental hygienists only) please submit $30.00.
5. **Processing and Receiving Your Certificate:** Please allow up to 2-4 weeks for processing. Your certificate will be mailed to the address we have on file for you at the Board of Dentistry. If you need to change your address please login to your online account and change it *prior* to submitting this form.
6. Please note wall licenses must be signed by the Board and will be processed at the next regularly scheduled Board Meeting, which are held quarterly.

DATE: _____

NAME: _____

LICENSE NO. : _____
(For Dentists/Hygienists)

DA PERMIT NUMBER: _____
(For OMS/ Dental Assistants)

NON-REFUNDABLE FEE:

$10 PER RENEWAL LICENSE/ CERTIFICATE

$30 PER WALL LICENSE

Please Check One: I am a: _____ Dentist _____ Hygienist _____ OMS/ Dental Assistant

I AM REQUESTING: _____ Annual Renewal ($10)   _____ Entity Permit   ($10)
_____ Specialty License ($10)   _____ Dispensing Permit ($10)
_____ Dental Lab Permit ($10)   _____ Wall License   ($30)

Number of Certificates Requested: _____ Amount Due: _____

I understand that my new certificate (s) will be mailed to the address currently on file with the State Board of Dentistry and that I have verified my address in the online system prior to submitting this form.

_____   _____
DAYTIME PHONE #   SIGNATURE