

# LETTER OF GOOD STANDING

## REQUEST FORM

To request a licensure verification or letter of good standing certifying the current status of your license, your history of legal/disciplinary action on file and/or any current adjudicatory proceeding or complaint investigation relating to you, please complete this form and include a check in the amount of \$25 (made payable to: Treasurer, State of New Hampshire).

Mail your completed request form and payment to NH Board of Dental Examiners, 121 South Fruit St., Suite 302, Concord, NH 03301-2412. Please allow 7-10 days for processing.

**Licensee Name:**

**Known by any other name:**

**Licensee Address:**

**Licensee Phone Number:**

**License Number:**

**➔ SEND THE LETTER OF GOOD STANDING TO:**

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