

Change Request Form

(Name - Address - Employment)

RSA 317-A: 13, III License Renewal states all persons licensed to practice dentistry or dental hygiene in this state shall notify the board in writing within 10 days of any change of business or residential address which may occur during the period between biennial registrations.

General Information-Please print legibly.

Name _____ License # _____

Name Change (First, Middle, Last)

From _____

To _____
(Exact way your name is to appear)

Reason: Correction/Marriage/Divorce/Other - Explain _____

➔ **For name change, please include copy of legal documentation. (Marriage License, Divorce Decree, or other legal papers).**

Address Change

New Address _____ Apt# _____
Physical location and PO Box for mailing if applicable

City _____ State _____ Zip _____

Home phone # _____ Effective Date _____

Employment Change

Employer Name _____

Address _____ Suite # _____

City _____ State _____ Zip _____

Work phone # _____ Effective Date _____

Replacement Wall Certificate
Fee - \$25.00 - check made payable to "Treasurer-State of NH"
****No charge when making a name change.**

Replacement License Pocket Card
Fee - \$25.00 - check made payable to "Treasurer-State of NH"

Signature of applicant _____
Date

STATE MAIL IS NOT FORWARDED TO ANY OTHER ADDRESS AND IT IS RETURNED TO THIS OFFICE.

Please forward this form to:
NH Board of Dental Examiners
121 South Fruit St, Suite 302
Concord NH 03301-2412
(603) 271-4561
Fax to (603) 271-6702 or Email to dental.board@nh.gov