

DUPLICATE REQUEST FORM
Duplicates requested are \$25.00 each

Payment must be made by check or money order

"If your check is not paid on presentment or is dishonored, you agree to pay the amount allowed by state law. We may electronically debit or draft your account for this charge. Also, if your check is returned for insufficient or uncollected funds, your check may be electronically re-presented for payment."

Licensee Name: _____

License Number: _____ (please indicate DDS/DMD or RDH)

Duplicate(s) requested:

- Dental/Dental Hygiene License
 - Renewal Certificate Quantity: _____
 - Original License Quantity: _____
- Professional Association
 - Renewal Quantity: _____
 - Registration Quantity: _____
- Professional Limited Liability Company
 - Renewal Quantity: _____
 - Registration Quantity: _____
- Anesthesia
 - Renewal Quantity: _____
 - Registration Quantity: _____
- Sedation
 - Renewal Quantity: _____
 - Registration Quantity: _____

Amount enclosed: _____

Send duplicate(s) to the following address: _____

Additional comments: _____

Note: Requests for duplicates can not be refunded once the duplicate has been sent.

NC State Board of Dental Examiners
507 Airport Boulevard
Suite 105
Morrisville, NC 27560