

**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."*

DDS Licensee Name: \_\_\_\_\_

DDS License Number: \_\_\_\_\_

Duplicate(s) requested:

- Dental License
  - 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 cannot be refunded once the duplicate has been sent.***

**NC State Board of Dental Examiners**  
**2000 Perimeter Park Drive**  
**Suite 160**  
**Morrisville, NC 27560**