



**Arizona State Board of Dental Examiners**  
“Caring for the Public’s Dental Health  
and Professional Standards”

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**MOBILE DENTAL FACILITY PERMIT AND PORTABLE DENTAL UNIT  
PERMIT APPLICATION/RENEWAL**

An individual or entity that seeks a permit to operate a mobile dental facility or portable dental unit must submit an application and pay the annual registration fee of \$200. The permit must be renewed annually, and not later than the last day of the month in which the permit was first issued. In addition to all other Board statutes and rules, [please read A.R.S. §§ 32-1299.21 thru 32-1299.26 \(click ‘Next Section’ to advance screens\)](#) related to mobile dental facility and portable dental unit permits and initial here \_\_\_\_\_ that you comply, or will comply, with all Board standards of operation/practice and informed consent when treating patients in your mobile dental facility or portable dental unit.

**PERSONAL IDENTIFICATION**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name or Initial

I do not have a middle name/initial

I am an Arizona practicing:

My license/certificate number is: \_\_\_\_\_

Check one:    Initial Application    Renewal    If renewing, please enter permit no. \_\_\_\_\_

**ADDRESS OF RECORD**

Pursuant to Board statutes, you must notify the Board of any change to your primary mailing address, in writing, and within 10 days of the change.

**ADDRESS OF RECORD – select one:**      **Residential Address**      **Practice Address**      **Mailing**  
*This is the address that will be shared with the public and to where all Board correspondence will be mailed. Pursuant to A.R.S. § 32-3226, if you select your residential address as your address of record, but wish that it not be made available for public disclosure and only used to receive Board correspondence, you may opt out of the disclosure by initialing here:*

\_\_\_\_\_  
Name of Business Entity/Practice, if applicable

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Email

**CUSTODIAN OF RECORDS**

Please provide the name of the Custodian of Records. The Custodian of Records is responsible for patient records requests and accepting subpoenas.

\_\_\_\_\_  
Last name

\_\_\_\_\_  
First name

\_\_\_\_\_  
Middle name/middle initial

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

**The Americans with Disabilities Act:** Persons with disabilities may request reasonable accommodations, such as sign language interpreters. Requests should be made as early as possible to allow time to arrange the accommodation. This document is available in alternative format upon request.

**PROFESSIONAL(S)**

Please provide the name and profession of any dental professional who is authorized to provide and who is responsible for providing the dental services offered at the business entity's address of record. If additional space is needed, for additional officers/directors, please submit a separate document listing their contact information and attach it here:

Profession:

Professional's full legal name

Arizona license #

Profession:

Professional's full legal name

Arizona license #

Profession:

Professional's full legal name

Arizona license #

Profession:

Professional's full legal name

Arizona license #

Profession:

Professional's full legal name

Arizona license #

**INITIAL PERMIT AND PERMIT RENEWAL FEE(S)**

Please use the link below to pay electronically, or follow the instructions in the blue dialogue box to pay for your fee(s). Remitting only the fee, or submitting only the permit application **does not** constitute completion of the initial application or application renewal process. Both the remittance of the fee(s) and submission of your application are required to meet the completion of your application.

[Please follow this link](#) to the Board's payment portal to pay your initial/renewal fee, including any applicable late fee via a MasterCard or Visa. Once complete, you will receive a separate, emailed receipt for your credit card payment. The emailed receipt will contain an authorization number. Please provide the authorization number here:

You may also choose to pay with a check or money order. If this is your choice, please provide the check or money order number in the box below, then print, sign and mail your completed application along with your paper form of payment.

I certify that I will print this completed application and submit it, along with my fee(s), in the form of a check or money order. I certify that I also understand that if my renewal and accompanying payment are *not* received on or before my birth month or 30 days thereafter that my renewal is deemed late, will require a late fee of \$100 and my license will expire. My check or money order number is:

**PERSONAL ATTESTATION**

Pursuant to A.R.S. § 41-1030, there are legal rights for you to be aware.

*An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.*

*This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.*

*A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the agency's adopted personnel policy.*

*This section does not abrogate the immunity provided by section 12-820.01 of 12-820.02.*

Please initial that you have read and understand the aforementioned rights afforded to you:

I hereby give my permission for the Arizona State Board of Dental Examiners to secure additional information concerning me or any of the statements in this application from any person or source the Board may desire;

I certify that I have read and personally answered all the question on this application;

I declare, under penalty of perjury and under the laws of the State of Arizona, that all statements and answers contained herein, and on my continuing education affidavit, are true and correct. I am not omitting any information that may be of value to the Arizona State Board of Dental Examiners in determining my qualifications, whether asked for or not. I agree that any falsification, omission or withholding of information concerning my qualifications as an applicant shall be sufficient evidence and grounds for the Board to discipline my dental examiner's license.

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**Date**