



**ARIZONA STATE BOARD OF DENTAL EXAMINERS**

4205 North 7th Avenue, Suite 300 • Phoenix, Arizona 85013

Telephone (602) 242-1492 • Fax (602) 242-1445

**ADDRESS CHANGE FORM**

Dentist and Denturist

Print this form and provide all information on your address change as requested below. **Please print legibly.**

1. Primary Mailing Address. I am changing my primary mailing address. I understand this address is public record. Is this also a practice address?

Yes  Mail this completed form with either a current, original triennial certificate, OR send a check in the amount of \$25.00 (ARS §§ 32-1236(F) & 32-1297.04(2)).

No  Mail or FAX (602.242.1445) this completed form.

Primary Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

2. Practice Address. I am changing or adding a practice address. Mail this completed form with either a current, original triennial certificate which you displayed at your previous office, OR send a check in the amount of \$25.00 (ARS §§ 32-1236(F) & 32-1297.04(2))

New Practice Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

If you have additional practice addresses, please attach a separate sheet and include \$25.00 per location.

3. Practice Address Deletion. I no longer practice at the following location. Please delete from my record. Mail or FAX (602.242.1445) this completed form.

- If you added a practice address in Step 2 and submitted the current, original triennial certificate from your previous office, you do not need to complete this step.

Former Practice Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If you have more deletions, please attach a separate sheet.

4. \_\_\_\_\_  
Effective Date

\_\_\_\_\_ AZ License Number

\_\_\_\_\_ Today's Date

\_\_\_\_\_ Name (Please Print)

\_\_\_\_\_ Signature