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/Permit Number: _____________________________________

(Duplicate renewal certificates are available to print online for no charge.)

Duplicate(s) requested:

☐ Dental License
  ☐ Original License Quantity: ___________

☐ Professional Association
  ☐ Registration Quantity: ___________

☐ Professional Limited Liability Company
  ☐ Registration Quantity: ___________

☐ Anesthesia
  ☐ Registration Quantity: ___________

☐ Sedation
  ☐ 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

7/14/2021