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 Quantity:_______
  ☐ Renewal Quantity:_______
  ☐ Registration Quantity:_______

☐ Professional Limited Liability Company
  ☐ Original License Quantity:_______
  ☐ Professional Association Quantity:_______
  ☐ Renewal Quantity:_______
  ☐ Registration Quantity:_______

☐ Anesthesia
  ☐ Original License Quantity:_______
  ☐ Professional Association Quantity:_______
  ☐ Renewal Quantity:_______
  ☐ Registration Quantity:_______

☐ Sedation
  ☐ Original License Quantity:_______
  ☐ Professional Association Quantity:_______
  ☐ 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