

Approved by

FOR KBD USE ONLY

Kentucky Board of Dentistry



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 Louisville, KY 40222
 502/429-7280
<http://dentistry.ky.gov>

DUPLICATE LICENSE OR REGISTRATION REQUEST FORM

Please send a duplicate license or registration for:

Last Name/Suffix	First Name	Middle
License/Registration Number	Type: <input type="checkbox"/> Dentist/specialist <input type="checkbox"/> Dental hygienist <input type="checkbox"/> Registered dental assistant <input type="checkbox"/> Anesthesia	

Please send: Framing Style Renewal Style

Please mail the duplicate to the following address (you may indicate same as below):

Name		
Address		
City	State	ZIP

If there are any problems with this request, please contact me at the following:

Name	Phone Number
Address	
City	State ZIP

Return this form and the fee required by 201 KAR 8:520 to the Kentucky Board of Dentistry at the address above.