

Date	
Approved by	
Certificate number	
Date Issued	

FOR KBD USE ONLY

Kentucky Board of Dentistry



312 Whittington Parkway, Suite 101
 Louisville, KY 40222
 502/429-7280
<http://dentistry.ky.gov>

SEDATION OR ANESTHESIA PERMIT LOCATION NOTIFICATION FORM

Please print in ink or type your responses. List your name as it appears on your license.

Section 1. Must be completed by ALL applicants.

Dentist's Name _____
Last/Suffix First Middle

License Number _____

Add Facility Delete Facility _____ Facility Permit Number

Facility address _____
Business Name Number & Street PO Boxes Not Acceptable

City State ZIP KY County Phone #

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Applicant's signature

Effective Date of Change