



Kentucky Board of Dentistry

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DUPLICATE LICENSE OR REGISTRATION REQUEST FORM

Please print in ink or type your responses. Submit this completed application to the Board of Dentistry via mail, fax or email using the contact information above.

Name: Last/Suffix _____ First _____ Middle _____

License/Reg. # _____ Phone _____ Email _____

Requesting Duplicate of:	Dentist License	Dental Hygienist License*	Dental Assistant Registration
	Dental Lab Registration	Sedation/Anesthesia Permit	Sedation Facility Certificate

**Any special registrations held by a dental hygienist (general supervision, public health hygiene, local anesthesia, laser debridemet, IV access lines) will be indicated on their license.*

Please send: Framing Style Renewal Style

Send via: Email (renewal style only) Mail (provide mailing address below)

