

Fee	Date
Approved by	
Registration number	
Date Issued	

FOR KBD USE ONLY

Kentucky Board of Dentistry



312 Whittington Parkway, Ste. 101
 Louisville, KY 40222
 502-429-7280
dentistry.ky.gov

APPLICATION FOR MOBILE DENTAL FACILITY OR PORTABLE DENTAL UNIT REGISTRATION

As per 201 KAR 8:601, mobile dentistry providers operating in Kentucky must be registered with the Board. To register, please print in ink or type your responses on this application and submit, along with the application fee of \$150 (check or money order made out to Kentucky Board of Dentistry) to the address above. Nonprofit organizations engaged exclusively in charitable work are exempt from the fee requirement and should indicate their 501(c) status in the description line below.

Section 1. Operator Information

Entity Name _____ DBA (if applicable) _____

Primary Contact Name _____ Title _____

Address _____

Phone _____ Email _____ Check only if fee exempt

Registering for: Mobile Facility (driven or towed self-contained facility) OR Portable Unit (dental equipment transported for out-of-office use)

Provide a brief description of the facility or unit to be registered (include license plate number or nonprofit ID if applicable).

Section 2. Operating Requirements

As per the requirements of 201 KAR 8:600, Section 6, I affirm that this mobile dental facility or portable dental unit shall:

- Operate under the supervision of a dentist licensed in accordance with 201 KAR 8:533.
- Display the valid registration in/on the facility or unit in a manner which is readily observable.
- Conform to all applicable federal, state, and local laws, regulations, and ordinances.
- Be driven/transported by a driver with a valid driver's license appropriate for the operation of the vehicle.

Section 3. Licensed Providers

Provide the names and license numbers for all dentists and dental hygienists providing services associated with this registration. Attach an additional sheet if necessary. Updates to this list should be submitted to the Board within 30 days of the change.

Name _____ License # _____ Title _____

Name _____ License # _____ Title _____

Name _____ License # _____ Title _____

Section 4. Signed Declaration

I hereby certify under penalty of law that the statements made herein are true and complete to the best of my knowledge. Further, I agree to abide by the requirements for operating mobile dental facilities and portable dental units in Kentucky as provided for in 201 KAR 8:601 as well as all other statutes, rules, and regulations governing the practice of dentistry.

Applicant Signature (must be primary contact above) _____ Date _____