



ARKANSAS STATE BOARD OF DENTAL EXAMINERS

101 East Capitol Avenue, Suite 111
Little Rock, Arkansas 72201
Phone: 501-682-2085
Web: healthy.arkansas.gov Email: asbde@arkansas.gov

Wall Certificate Remake Request

Complete and mail this form to the above address. Wall certificates are \$1.00 each.

| |
|---|
| <p>_____</p> <p>How I want my name to appear on the wall certificate</p> <p>I am requesting the following wall certificate(s):</p> <p><input type="checkbox"/> Dental license (License #: _____) <input type="checkbox"/> Specialty license (License #: _____)</p> <p><input type="checkbox"/> Hygiene license (License #: _____) <input type="checkbox"/> Sedation/facility permit (Permit #: _____)</p> <p><input type="checkbox"/> Local anesthesia permit (Permit #: _____)</p> |
|---|

Name and address where I want my wall certificate to be mailed to:

| | | | |
|-------------------|------|-------|-----|
| Name/Organization | | | |
| Address | City | State | Zip |