



ARKANSAS STATE BOARD OF DENTAL EXAMINERS

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Wall Certificate Remake Request

Complete and mail this form along with your check/money order made payable to "ASBDE" to the above address. Wall certificates are \$25 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