# Change Request Form

(Name - Address - Email - Employment)

RSA 317-A: 13, III  License Renewal states all persons licensed to practice dentistry or dental hygiene in this state shall notify the board in writing within 30 days of any change of business or residential address which may occur during the period between biennial registrations. Failure to do so may result in the Board issuing a letter of concern to the licensee.

**General Information—Please print legibly.**

<table>
<thead>
<tr>
<th>Name</th>
<th>License #</th>
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**Name Change**  
(First, Middle, Last)

From ____________________________

To ____________________________  
(Exact way your name is to appear)

Reason: Correction/Marriage/Divorce/Other – Explain ____________________________

⇒ For name change, please include copy of legal documentation. (Marriage License, Divorce Decree, or other legal papers).

**Address Change**

New Address ____________________________ Apt# ____________________________

Physical location and PO Box for mailing if applicable ____________________________

City ____________________________ State ____________________________ Zip ____________________________

Home phone # ____________________________ Effective Date ____________________________

**Email Address Change**

New Primary email address ____________________________  
(either business or personal)

**Employment Change**

Employer Name ____________________________

Address ____________________________ Suite # ____________________________

City ____________________________ State ____________________________ Zip ____________________________

Work phone # ____________________________ Effective Date ____________________________

**Replacement Registration Wall Certificate**

Fee - $25.00 - check made payable to “Treasurer-State of NH”

**Replacement License Certificate**

Fee - $25.00 - check made payable to “Treasurer-State of NH” **No charge when making a name change.**

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**STATE MAIL IS NOT FORWARDED TO ANY OTHER ADDRESS AND IT IS RETURNED TO THIS OFFICE.**

Please forward this form to:  
NH Board of Dental Examiners  
121 South Fruit St., Suite 302  
Concord NH 03301-2412  
(603) 271-4561  
Fax to (603) 271-6702 or Email to dental.board@oplcnh.gov