**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 10 days of any change of business or residential address which may occur during the period between biennial registrations.

**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 Pocket Card/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@nh.gov