



**STATE OF OKLAHOMA BOARD OF DENTISTRY APPLICATION FOR A PERMIT TO OPERATE A NON-DENTIST OWNED DENTAL LABORATORY**

This form must be filled out **IN FULL** and returned with following items:

- Color copy of driver's license for ALL lab owners
  - Notarized and signed citizenship affidavit for ALL lab owners
  - Page 3 of this application for ALL lab owners
- Non-Refundable Fee for Permit \$300**

**\*\*Failure to complete form or submit required documentation will prevent processing\*\***

**Return application and payment to:**

Oklahoma State Board of Dentistry  
2920 N Lincoln, Ste. B  
OKC, OK 73105

**Section I. Official Registration and Correspondence Address**

Official Legal Dental Lab Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dental Lab Address (NO PO BOX ALLOWED): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

(The above information will be posted on the website)

Lab Owner Name: First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

Residential Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Daytime Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ SSN \_\_\_\_\_ (Required by OTC)

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

Oklahoma Tax ID#: \_\_\_\_\_ (Please attach a copy to this application)

Oklahoma Dental License #: \_\_\_\_\_

(We will not post the above information on the website; it is for Board Use only!)

**Section II. Owner of Non-Dentist Dental Lab**

Please list all owners of the Dental Lab:

1. Owner Full Legal Name: \_\_\_\_\_
2. Owner Full Legal Name: \_\_\_\_\_

**(IF MULTIPLE OWNERS REFER TO PAGE 3)**

Please specify what address you would like to receive official correspondence from the Board:

\_\_\_\_\_

List the names and title of each employee that works in the Dental Lab:

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_
2. Name: \_\_\_\_\_ Title: \_\_\_\_\_
3. Name: \_\_\_\_\_ Title: \_\_\_\_\_
4. Name: \_\_\_\_\_ Title: \_\_\_\_\_

(Use additional page if necessary)

**Section III: Please read and answer the questions below:**

1. Have you been the subject of ANY disciplinary action by ANY government, jurisdictional or licensing authority; federal, state, or municipal, other than speeding tickets?  
\_\_\_\_\_ YES \_\_\_\_\_ NO
3. Have you ever pled guilty or no contest to or received a deferred sentence or conviction for any misdemeanor involving controlled dangerous substances (drugs) or alcohol use such as DUI, DWI, or APC or Public Intoxication? \_\_\_\_\_ YES \_\_\_\_\_ NO
4. Have you ever pled guilty or no contest to or received a deferred sentence or conviction for any felony? \_\_\_\_\_ YES \_\_\_\_\_ NO
5. Have you had a previous license or registration of any type held by the applicant under any name that has been surrendered, revoked, suspended, denied, or placed on probation or is any such action pending? \_\_\_\_\_ YES \_\_\_\_\_ NO

***\*If you answered YES to any of the questions above, you are required to attach a letter with an explanation including any charges, dates, county/state, and the outcome.***

**Section IV: Affidavit of Non-Dentist Dental Lab Owner**

I do hereby attest that all information or statements made on this form or any information given in connection therewith, to be true and correct. I understand and agree that this is a State of Oklahoma official document and any misrepresentation or fraudulent statement on any part of this form may be grounds for disciplinary action as set forth by the Oklahoma State Dental Act as well as other laws under the State of Oklahoma. I have read and understand the State Dental Act and Rules of the State Board of Dentistry and agree to abide by them.

Dental Lab Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TOTAL LICENSE AND OTHER FEES**

Dental Lab Permit-Licensed Non-Dentist \$300

**TOTAL ENCLOSED \$ \_\_\_\_\_**

**EACH OWNER OF THE DENTAL LAB IS REQUIRED TO COMPLETE THE BELOW FORM AND SUBMIT WITH THE LAB APPLICATION. PLEASE MAKE COPIES OF THIS PAGE IF NECESSARY.**

Dental Lab Name: \_\_\_\_\_

Dental Lab Address (NO PO BOX ALLOWED): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

(The above information will be posted on the website)

Lab Owner Name: First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_ Residential

Address: City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_ Daytime

Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ SSN ----- (Required by OTC)

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

(We will not post the above information on the website; it is for Board Use only!)

**Please read and answer the questions below:**

1. Have you been the subject of ANY disciplinary action by ANY government, jurisdictional or licensing authority; federal, state, or municipal, other than speeding tickets?  
\_\_\_\_\_ YES \_\_\_\_\_ NO
2. Have you *ever* pled guilty or no contest to or received a deferred sentence or conviction for any misdemeanor involving controlled dangerous substances (drugs) or alcohol use such as DUI, DWI, or APC or Public Intoxication? \_\_\_\_\_ YES \_\_\_\_\_ NO
3. Have you *ever* pled guilty or no contest to or received a deferred sentence or conviction for any felony? \_\_\_\_\_ YES \_\_\_\_\_ NO
4. Have you had a previous license or registration of any type held by the applicant under any name that has been surrendered, revoked, suspended, denied, or placed on probation or is any such action pending? \_\_\_\_\_ YES \_\_\_\_\_ NO

***\*If you answered YES to any of the questions above, you are required to attach a letter with an explanation including any charges, dates, county/state, and the outcome.***

**Affidavit of Non-Dentist Dental Lab Owner**

I do hereby attest that all information or statements made on this form or any information given in connection therewith, to be true and correct. I understand and agree that this is a State of Oklahoma official document and any misrepresentation or fraudulent statement on any part of this form may be grounds for disciplinary action as set forth by the Oklahoma State Dental Act as well as other laws under the State of Oklahoma. I have read and understand the State Dental Act and Rules of the State Board of Dentistry and agree to abide by them.

Dental Lab Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STATE OF OKLAHOMA BOARD OF DENTISTRY**

*Dr. Bobby Carmen, Norman, President*  
*Dr. Stan Crawford, Grove*  
*Dr. Erin Robert, Enid*  
*Dr. Scott White, Glenpool*

*Sheriff Andy Simmons, Muskogee*  
*Dr. Lisa Nowlin, Elk City*  
*Dr. Shawn Scott, Marlow*  
*Dr. Brant Rouse, Ft. Gibson*

*Dr. Krista Jones, Edmond*  
*Rachel Ostberg RDH, Bartlesville*  
*Chief J.R. Kidney, Tecumseh*

**Please note you CANNOT fill out both affidavits.** All natural persons fourteen (14) years of age or older and present in the United States, applying for a license with the Oklahoma Board of Dentistry are required by the provisions of 56 O.S. Supp. 2207 § 71, to provide the Board with verification of lawful presence in the United States by executing on of the Affidavits below before Notary Public or other Officer authorized to notarize Affidavits under State law. The Board's licensing offices are staffed with notaries who are available to provide notary service at no cost to applicants.

**Option1- Verification of Citizenship**

Affidavit of:

\_\_\_\_\_

(Applicant's Name)

STATE OF: \_\_\_\_\_ )

COUNTY OF: \_\_\_\_\_ )

\_\_\_\_\_, of lawful age, being duly sworn, upon oath states, under penalty of perjury, as follows: **I am a United States Citizen.**

\_\_\_\_\_

(Signature of Applicant)

Subscribed and sworn to or affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

By \_\_\_\_\_  
(Applicant)

\_\_\_\_\_  
(Notary)

My Commission Expires: \_\_\_\_\_

(SEAL)

**Option 2- Verifying Qualified Alien Status –Please submit a copy of your passport, green card, etc. with this application!**

Affidavit of:

\_\_\_\_\_

(Applicant's Name)

STATE OF: \_\_\_\_\_ )

COUNTY OF: \_\_\_\_\_ )

\_\_\_\_\_, of lawful age, being duly sworn, upon oath states, under penalty of perjury, as follows: **I am a qualified alien under Federal Immigration and Naturalization Act, and I am lawfully present in the United States.**

\_\_\_\_\_

(Signature of Applicant)

Subscribed and sworn to or affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

By \_\_\_\_\_  
(Applicant)

\_\_\_\_\_  
(Notary)

My Commission Expires: \_\_\_\_\_

(SEAL)