



**STATE OF OKLAHOMA BOARD OF DENTISTRY
APPLICATION FOR PERMIT RENEWAL FOR 2026! DENTAL LAB**

Your permit officially expires December 31, 2025!!

*Fee for Non-Licensed Dentist owned Labs- **\$300** / Fee for Licensed Dentist owned Labs- **\$20**
Non-Refundable Fee for Permit \$300 or \$20*

If postmarked after December 31, 2025, penalty is double the renewal fee!!

This form must be filled out **IN FULL** and returned with check or money order.
****Failure to complete form will prevent processing and may cause late fee.****

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

(This is the address in which you will receive official correspondence from the Board)

Dental Lab Permit #: DL- _____

Dental Lab Name: _____ Phone#: _____

Dental Lab Address (NO PO BOX ALLOWED): _____

City: _____ State: _____ Zip: _____ County: _____

Lab Owner Name: First: _____ MI: _____ Last: _____

Residential Address: _____

City: _____ State: _____ Zip: _____ County: _____

Daytime Phone #: (_____) _____ - _____ SSN: _____ - _____ - _____ (Required by OTC)

Email Address: _____ @ _____

Oklahoma Tax ID #: _____

Are you a licensed Dentist in the State of Oklahoma? _____ Yes _____ No License# _____

Section II. Owner of Dental Lab

Please list all *owners* of the Dental Lab:

1. Name: _____ Address: _____
2. Name: _____ Address: _____
3. Name: _____ Address: _____
4. Name: _____ Address: _____

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 sheets if necessary)

Section III: Please read and answer the questions below

Since your last renewal or application:

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 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 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, 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 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

- | | |
|--|--------------|
| 1. Dental Lab Permit Renewal- Licensed Dentist | \$20 |
| 2. Dental Lab Permit Renewal- Non-Licensed Dentist | \$300 |

TOTAL ENCLOSED **\$ _____**

THE STATE OF OKLAHOMA BOARD OF DENTISTRY

*Dr. Bobby Carmen, Norman, President
Dr. John Folks, Miami
Dr. Erin Roberts, Enid
Dr. Scott White, Glenpool*

*Sheriff Andrew Simmons, Muskogee
Rachel Ostberg RDH, Bartlesville
Dr. Shawn Scott, Marlow
Dr. Brant Rouse, Ft. Gibson*

*Dr. Lisa Nowlin, Elk City
Chief J.R. Kidney, Tecumseh
Dr. Krista Jones, Edmond*

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

Dental Lab Name: _____

Dental Lab Address (NO PO BOX ALLOWED): _____

City: _____ State: _____ Zip: _____ County: _____

Lab Owner Name: First: _____ MI: _____ Last: _____

Residential Address: _____

City: _____ State: _____ Zip: _____ County: _____

Daytime Phone #: (_____) _____ - _____ SSN: _____ - _____ - _____ (Required by OTC)

Email Address: _____ @ _____

Are you a licensed Dentist in the State of Oklahoma? _____ Yes _____ No License# _____

Please read and answer the questions below

Since your last renewal or application:

6. 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
8. Have you 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
9. Have you pled guilty or no contest to or received a deferred sentence or conviction for any felony?
_____ YES _____ NO
10. 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.***

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Dental Lab Owner Signature: _____ Date: _____