

Susan Rogers, Esq.
Executive Director



J. Kevin Stitt
Governor

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 and the official correspondence address for the Board)

Mailing Address if different _____

City _____ State _____ Zip _____

Each Owner Listed Here:

➤ 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 #: _____

➤ 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: _____

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 (Each owner):

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?
2. _____ 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 (Each Owner Must Sign an Affidavit)

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 \$ _____

STATE OF OKLAHOMA BOARD OF DENTISTRY

Dr. Bobby Carmen, Norman, President
Dr. Mark Folks, Miami
Dr. Erin Robert, Enid
Dr. Scott Breland, Sapulpa

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)

ONLY ONE CAN BE FILLED OUT

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)