



**STATE OF OKLAHOMA BOARD OF DENTISTRY  
APPLICATION FOR PERMIT RENEWAL FOR 2018- DENTAL LAB**

**Your permit officially expires December 31, 2017!!**

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

**If postmarked after December 31, 2017, 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: \_\_\_\_\_

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: \_\_\_\_\_

**(If multiple owners please refer to Page 3)**

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?
2. \_\_\_\_\_ 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, 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 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     | <b>\$20</b>  |
| 2. Dental Lab Permit Renewal- Non-Licensed Dentist | <b>\$300</b> |

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

**THE STATE OF OKLAHOMA BOARD OF DENTISTRY**

*James A. Sparks, DDS, OKC, President  
Audrey Crawford, DDS, Grove  
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Jeff Lunday, DDS, Norman*

*Jim Gore, DDS, Pryor  
Lisa A. Nowlin, DDS, Elk City  
Chief Phil Cotten, Retired, Norman*

**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
7. \_\_\_\_\_ 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.***

**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: \_\_\_\_\_