ARKANSAS STATE BOARD OF DENTAL EXAMINERS
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VERIFICATION OF LICENSURE REQUEST

If you want the office of the Arkansas State Board of Dental Examiners to provide you or another entity with an official verification of your Arkansas license or permit, complete and mail this form with a $25 check or money order to the above mailing address. Make the check or money order payable to "ASBDE".

List the name under which you hold (or held) an Arkansas license or permit:	
License or permit number:	
Type of license (check one): ☐ Dental license ☐ Hygiene license ☐ Dental assisting permit	

Please mail official verification to the following address:

Name

Address

City State Zip

If there are any problems with this request, please contact me at the following:

Email address Contact phone number