



MINNESOTA BOARD OF DENTISTRY

University Park Plaza, 2829 University Avenue SE, Suite 450
Minneapolis, MN 55414-3249 www.dentalboard.state.mn.us
Phone 612.617.2250 Fax 612.617.2260
Toll Free 888.240.4762 (non-metro)
MN Relay Service for Hearing Impaired 800.627.3529

Written Affidavit (Verification) of License/Permit Request Form

The affidavit will include name, license number, issue date, expiration date, brief description on how license was issued, any disciplinary or correction actions taken against license and an embossed seal.

Name (first, middle, last)	MN License #
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Address:

Street		
City	State	Zip
Phone	Email Address	

Please complete the following information indicating where the affidavit should be mailed to:

Name/Organization		
Street		
City	State	Zip

Fee: \$10.00 per affidavit.

Please return this form along with payment to the Minnesota Board of Dentistry. Make check or money order payable to the Minnesota Board of Dentistry. This request and fee must be received in the Board office prior to release of the materials.

Mail form and payment to:

Minnesota Board of Dentistry
2829 University Avenue SE, Suite 450
Minneapolis, MN 55414-3249