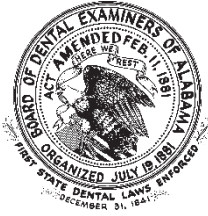


Date received:	Date Processed:	Date Certificate of Operations Issued:
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501(c)(3) Entity Registration

(Required per Ala. Administrative Code r. 270-X-4- .10)

Application Instructions

- Complete the application. Should you need additional space on any of the questions, add a page(s) to this packet with the additional information along with the question number.
- Attach a copy of the Articles of Incorporation of the 501(c)(3) Entity
- Attach a copy of the IRS Determination Letter of the 501(c)(3) Entity
- Mail the completed packet to: **BDEAL, 2229 Rocky Ridge Road, Birmingham, AL 35216**

GENERAL INFORMATION

ENTITY

Name of Entity: _____ Tax ID#: _____

Corporate Address: _____
Street City State Zip

Office Phone: _____ Emergency/After-hours Phone: _____

CHIEF OF DENTAL SERVICES

Name: _____ AL Dental License#: _____

Address: _____
Street City State Zip

REQUIRED DOCUMENTS/INFORMATION

Have you obtained/attached the Articles of Incorporation for the 501(c)(3)?	Y	N
Have you obtained/attached the IRS Determination Letter for the 501(c)(3)?	Y	N
Will multiple clinics be operated by this 501(c)(3) Entity?	Y	N

CLINIC INFORMATION

Clinic 1

Clinic Name: _____

Clinic Phone: _____ Emergency/After-hours Phone: _____

Clinic Address: _____
Street City State Zip

Clinic Dental Director Name: _____ AL Dental License#: _____

Clinic 2

Clinic Name: _____

Clinic Phone: _____ Emergency/After-hours Phone: _____

Clinic Address: _____
Street City State Zip

Clinic Dental Director Name: _____ AL Dental License#: _____

***If more clinics are operated under this 501(c)(3) entity, add additional pages with the above information.**

DENTAL PROFESSIONALS

List all dentists that work/participate with this 501(c)(3) entity

Name: _____ AL Dental License # _____

Name: _____ AL Dental License # _____

Name: _____ AL Dental License # _____

Name: _____ AL Dental License # _____

List all dental hygienists that work/participate with this 501(c)(3) entity

Name: _____ AL Dental Hygiene # _____

Name: _____ AL Dental Hygiene # _____

Name: _____ AL Dental Hygiene # _____

Name: _____ AL Dental Hygiene # _____

AFFIDAVIT

STATE OF _____)

COUNTY OF _____)

Before me, the undersigned authority, personally appeared _____,
who after being duly sworn by me attest that all facts, statements, and answers contained within
this application are true and correct.

Signature of Affiant
Applicant/Chief of Dental Services

Sworn to and subscribed before me this _____ day of _____, 20_____

<SEAL>

Notary Signature

My commission expires: _____