Y >			
12	000	ived	

Dental Hygiene Infiltration Permit

REINSTATMENT FORM (Due to Expiring)

DENTAL HYGIENE	LICENSE #
<u>н.</u>	_

Renewal Fee: \$75.00



Application Instructions

- Complete form, affidavit, and attach fees noted above and the required documentation.
- Email completed form to: licensing@dentalboard.org
- Once the application for reinstatement is accepted, you will be emailed payment instructions.
- NOTE: This reinstatement form is for your Dental Hygiene Infiltration Permit only!

PERSONAL INFORMAT	ΓΙΟΝ			
Name:		SS#:	-	
Office Address:				
Street	City	County	State	Zip
Office Phone:	Email:_			
Home Address:				
Street	City	County	State	Zip
Home Phone:		Cell Phone:		
Practice Name:		Pnone:		
Office Address: Street	City	County	State	Zip
I request the address above	to be used as my public a	ddress (Mark):	OFFICI	Е ПНОМЕ
ATTESTATION OF UNI	DERSTANDING			
I hereby attest that Infiltration permit. I certify of the Alabama Dental Prac		am familiar with	n and will abid	
Signature		Date		

AFFIDAVIT

STATE OF)	
COUNTY OF)	
I	, being duly sworn, deposes and says:
I last possessed an active Dental Hygiene Infiltra	ation permit in the year Due to my
permit being expired, I am now seeking to reinst	tate my Dental Hygiene Infiltration permit. During the
time my permit was expired, I have not used Der	ntal Hygiene Infiltration in the State of Alabama in any
manner, at any time.	
Signature of Affiant	
Sworn to and subscribed before me thisda	ay of, 20
<seal></seal>	Notary Signature
	My commission expires:
NOTE: If you cannot sign the above	affidavit due to having used Dental Hygiene
Infiltration in the State of Alabama durin	ng the time your license/permits were expired,
please sign below to acknowledge:	
Signature of Licensee	