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Purchase Licensure/Registration Documents – Written Certification (Verification) of License/Registration/Permit

Written certification of license/registration/permit - \$25

Please complete the following information (print or type clearly):

Name: _____

Address: _____
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_____ City/State/Zip

E-mail Address: _____

License/Registration Number: _____

Phone: _____

Date: _____

Please complete the following information indicating where the certification should be mailed (print or type clearly):

Name/Organization: _____

Attention (if applicable): _____

Address: _____
Street

_____ City/State/Zip

Please return this form along with payment to the Iowa Dental Board.
Make check or money orders payable to the Iowa Dental Board. The fee must be received in the Board office prior to release of the materials.

Mail form and payment to:

Iowa Dental Board
400 S.W. 8th Street, Suite D
Des Moines, IA 50309-4687