IDAHO BOARD OF DENTURITRY Idaho Division of Occupational and Professional Licenses 11341 W. Chinden Blvd., Bldg. #4, Boise ID 83714 or P.O. Box 83720, Boise ID 83720-0063 Phone: (208) 334-3233 Website: https://dopl.idaho.gov

E-mail: den@ibol.idaho.gov

DENTURIST ANNUAL BUSINESS REGISTRATION STATEMENT

Please complete and return with your audit information by the date on the audit letter. All persons, corporations, partnerships, trusts, associations or other like organizations, that operate or conduct business as a denturist, must register with the board annually (See Rule 475). This form must be completed and submitted to the Board together with the renewal application each year and within ten (10) days of any change in either location, identity of principal denturist, or denturist employees. If you operate or conduct business at more than one business location, please copy and complete this form for each business location.

1.	. Denturist Name		License #		
2.	Business Name				
3.	Business Location addressStreet/PO Box		City	State	Zip
4.	Business Mailing addressStreet/PO Box		City	State	Zip
5.	Business phone ()(This number is a public record.)	siness phone () Other () (This number is not a public		required by I.C. § 67-	2609).
6.	If you are an owner or officer of the above r give consideration to or receive consideration				ho either
	Name		License #	_ License #	
	Name		License #		
			License #		
			License #		
any	ereby certify under penalty of perjury that the y documentation attached is true and accurate ys of any changes that may occur in the above	. I further certify that I	ove are true and accurate to the best		
Signature			Date		
Pri	nt name				
Sta Sul	te of, County of day bscribed and sworn before me this day	, ss. y of	, 20		
	(seal)	Notary Public Off My Commission	ficial Signature Expires		