



BOARD OF DENTISTRY
PO BOX 200513
(301 S PARK, 4TH FLOOR - Delivery)
Helena, Montana 59620-0513
(406) 444-6880
EMAIL: dlibsdhhelp@mt.gov WEBSITE: www.dentistry.mt.gov

REQUEST FOR OFFICIAL VERIFICATION OF LICENSURE
(THIS IS NOT AN ENDORSEMENT CERTIFICATION)

APPLICANT: Do **NOT** send this form in with your application. This is to be used to request official license verification from states or licensing entities in which you currently hold, or ever have held a license. Regardless of its relation to your current profession.

COMPLETE THE FORM AND MAIL IT TO ANY STATE BOARD IN WHICH YOU ARE REQUESTING OFFICIAL LICENSE VERIFICATION BE SENT TO THE MONTANA BOARD. YOU MAY COPY THIS FORM AS MANY TIMES AS NEEDED. BE ADVISED THAT SOME BOARDS REQUIRE A FEE FOR THIS SERVICE. IT IS RECOMMENDED YOU CONTACT THE BOARDS BY PHONE PRIOR TO MAILING IN THIS FORM TO SEE IF YOU NEED TO INCLUDE PAYMENT.

LICENSEE INFORMATION

To Whom It May Concern:

I am applying for a license to practice Dental Hygiene in the State of Montana. The Board of Dentistry requires official license verification. This is your authority to release any information in your files, favorable or otherwise, directly to:

Montana Board of Dentistry
PO Box 200513
Helena, MT 59620-0513

Your prompt response is appreciated.

Name (Please Print) _____ Signature: _____

Address: _____

Street or PO Box # _____ City _____ State _____ Zip _____

My License Number from your State is: _____ License Type: _____

This form is to be used to request official verification from states where you hold or have ever held a license. Please **DO NOT** return this form to our office.