

Wyoming Board of Dental Examiners

2001 Capitol Avenue, Room 127 ♦ Cheyenne, WY 82002

ADDRESS / NAME CHANGE FORM

Section A: Instructions

I am requesting a change to my (select all that apply):

- ☐ Address/Phone/Email
- ☐ Name: A copy of the following documentation must accompany a name change request: marriage license, divorce decree (only the page showing the name change) or court order. Send a copy only, originals will not be returned. Should you desire a new wall certificate to reflect the name change, please also submit the *Replacement Document Request* form and your old wall certificate with the appropriate fee. If no replacement documents are requested, you may e-mail this form to dentalboard@wyo.gov or fax it to (307) 777-3508. Otherwise, mail it to the address above.

Section B: Prior Information

I currently hold a license/permit as a: ☐ Dentist ☐ Hygienist ☐ Dental Assistant

<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	<i>Previous Names Used</i>	
<i>Home Mailing Address</i>		<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Phone</i> <input type="checkbox"/> Home <input type="checkbox"/> Cell		<i>Mail Preference</i> <input type="checkbox"/> Home <input type="checkbox"/> Business		
<i>Business Name</i>				
<i>Business Mailing Address</i>		<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Business Phone</i>		<i>Preferred Email</i>		

Section C: NEW Information

<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	<i>Previous Names Used</i>	
<i>Home Mailing Address</i>		<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Phone</i> <input type="checkbox"/> Home <input type="checkbox"/> Cell		<i>Mail Preference</i> <input type="checkbox"/> Home <input type="checkbox"/> Business		
<i>Business Name</i>				
<i>Business Mailing Address</i>		<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Business Phone</i>		<i>Preferred Email</i>		

Section D: Signature

I verify that I am the person making the foregoing statements and that they are made in good faith and are true in every respect.

<i>Signature</i>	<i>Date</i>
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