

Date
Stamp
Here

Revenue: 0597626350

Dental Laboratory Registration Application

This is for: New Change of Ownership Change of Location – Current License # _____
 Amendment

Check One

- | | | |
|--|---|---|
| <input type="checkbox"/> Association | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Sole Proprietor |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Municipality (City) | <input type="checkbox"/> State Government Agency |
| <input type="checkbox"/> Federal Government Agency | <input type="checkbox"/> Municipality (County) | <input type="checkbox"/> Tribal Government Agency |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Non-Profit Corporation | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Partnership | |

1. Demographic Information

UBI #		Federal Tax ID (FEIN) #	
Legal Owner/Operator Name			
Mailing Address			
City	State	Zip Code	County
Phone (enter 10 digit #)		Fax (enter 10 digit #)	
Email Address		Web Address:	
Facility/Agency Name (Business name as advertised on signs or Web site)			
Physical Address			
City	State	Zip Code	County
Facility Phone (enter 10 digit #)		Fax (enter 10 digit #)	
Email Address:			
Mailing Address (If different than physical address)			
City	State	Zip Code	County

2. Responsible Person or Supervising Dentist Information

Check One: Responsible Person Supervising Dentist

Name

WA Dentist License # (if applicable)

Phone (enter 10 digit #)

Email Address

3. Change of Ownership Information

Previous Name of Legal Owner

Previous Name of Facility

Previous Facility License #

Effective Date of Ownership Change

4. Dental Laboratory Acknowledgements

"I acknowledge that this dental laboratory will provide written material disclosure to the prescribing dentist that contains the information required in [RCW 70.352.030\(1\)\(e\)](#)."

Initial of Responsible Person or Supervising Dentist _____ Date _____

"I acknowledge that this dental laboratory will disclose in writing to the prescribing dentist the point of origin of the manufacture of each prescribed restoration as required in [RCW 70.352.030\(1\)\(f\)](#)."

Initial of Responsible Person or Supervising Dentist _____ Date _____

"I acknowledge that this dental laboratory meets the infectious control requirements under the occupational safety and health administration and the centers for disease control and prevention of the United States public health service as required in [RCW 70.352.030\(1\)\(d\)](#)."

Initial of Responsible Person or Supervising Dentist _____ Date _____

Signature

I certify I have received, read, understood, and agree to comply with state law and rule regulating this licensing category. I also certify the information herein submitted is true to the best of my knowledge and belief.

Signature of Responsible Person or Supervising Dentist

Date

Print Name

Print Title