

**MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS
REQUEST FOR APPROVAL OF CORPORATE/TRADE NAME**

DENTIST NAME: _____ DATE: _____

CORPORATE/TRADE NAME REQUESTED:

ADDITIONAL DENTISTS AFFILIATED WITH FACILITY:

FACILITY "STREET" ADDRESS: _____

FACILITY "MAILING" ADDRESS: _____

FACILITY TELEPHONE: _____ FACILITY FACSIMILE: _____

FACILITY E-MAIL: _____

ADDITIONAL INFORMATION OR FACILITY LOCATIONS:

This form has been designed in Adobe Acrobat Professional 8, and licensees may use the reader version of Adobe Acrobat to complete the form. One form should be completed for each corporate/trade name submitted for approval by the Board. Once this form has been completed, please print the form and mail, fax, or e-mail it to the Board at the following:

**Mississippi State Board of Dental Examiners
Suite 100, 600 East Amite Street
Jackson, MS 39201-2801
Facsimile: 601-944-9624
E-Mail: dental@msbde.state.ms.us**

Please contact the Board at 601-944-9622 if you have any questions.
