



ARIZONA STATE BOARD OF DENTAL EXAMINERS

4205 North 7th Avenue, Suite 300 • Phoenix, Arizona 85013

Telephone (602) 242-1492 • Fax (602) 242-1445

ADDRESS CHANGE FORM

Dental Hygiene

Print this form and provide all information on your address change as requested below. **Please print legibly.**

1. Primary Mailing Address. I am changing my primary mailing address. I understand this address is public record. Mail or FAX (602.242.1445) this completed form.

Primary Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

2. _____
Effective Date

AZ License Number

Today's Date

Name (Please Print)

Signature