



**ARIZONA STATE BOARD OF DENTAL EXAMINERS**

5060 North 19th Avenue, Suite 406 • Phoenix, Arizona 85015-3214

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