

STATE OF IDAHO
BUREAU OF OCCUPATIONAL LICENSES
700 WEST STATE STREET, PO BOX 83720
Boise, Idaho 83720-0063

DENTURIST ANNUAL BUSINESS REGISTRATION STATEMENT

All persons, corporations, partnerships, trusts, associations or other like organizations, that operate or conduct business as a denturist, must register with the board annually (See Rule 475). This form must be completed and submitted to the Board together with the renewal application each year and within ten (10) days of any change in either location, identity of principal denturist, or denturist employees. If you operate or conduct business at more than one business location, please copy and complete this form for each business location.

1. Denturist Name _____ License # _____

2. Business Name _____

3. Business Location address _____
Street/PO Box City State Zip

4. Business Mailing Address _____
Street/PO Box City State Zip

5. Business phone (____) _____ Business fax (____) _____ E-mail _____
The above number IS a public record The above number is NOT a public record

6. If you are an owner or officer of the above named business, list below the names and license numbers of all denturists who either give consideration to or receive consideration from the above named business relating to the practice of denturistry.

Name _____ License # _____

Affidavit

I hereby certify under penalty of perjury that the responses provided above are true and accurate to the best of my knowledge and that any documentation attached is true and accurate. I further certify that I will notify the Idaho State Board of Denturistry within ten (10) days of any changes that may occur in the above information.

Signature

Print name

Title