



Denturist Alternate Location License Application Packet

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Important Social Security Number Information:

You are required by state and federal law to provide a social security number with your application. If you do not have a social security number at the time you send in this application, contact the Customer Service Center at 360.236.4700 for more information.

A U.S. Individual Taxpayer Identification Number (ITIN) or a Canadian Social Insurance Number (SIN) cannot be substituted.

In order to process your request:

Mail your application with initial documentation and your check or money order payable to:

Department of Health
PO Box 1099
Olympia, WA 98507-1099

Send other documents not sent with initial application to:

Board of Denturists Credentialing
PO Box 47877
Olympia, WA 98504-7877

Contact us:

360.236.4700

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Application Instructions Checklist

Important background check Information: Washington State law authorizes the Department of Health to obtain fingerprint-based background checks for licensing purposes. This check may be through the Washington State Patrol and the Federal Bureau of Investigation (FBI). This may be required if you have lived in another state or if you have a criminal record in Washington State. This would be at your own expense.

All information should be typed or printed clearly in ink. It is your responsibility to submit the required forms.

- Application Fee.** This fee is non-refundable. You can check the [fee page](#) for current fees.

Note: There is a \$50 fee for each alternate location address.

- 1. Demographic Information:**

Social Security Number: You must list your social security number on your application. Please call the Customer Service Center at 360.236.4700 if you do not have one.

Legal Name: List your full name, first, middle, and last.

Definition of legal name: “Legal name” is the name appearing on your official certificate of birth or, if your name has changed since birth, on an official marriage certificate or an order by a court. The court must have the legal authority to change your name. We may ask you to prove your legal name. If you use any name other than your legal name on this form, your application may be denied.

Birth date: Provide month, day, and year of your birth.

Address: List the address we should use to send any information on your license. Be sure to include the city, state, zip code, and county. This will be your permanent address with the Department of Health until we have been notified of a change. See [WAC 246-12-310](#).

Phone, Fax and Cell Numbers: Enter your phone, fax and cell numbers, if you have them.

Email: Enter your email address, if you have one.

For Each Alternative Location: Fill-in the street address information as requested.

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Denturist Alternate Location License Application

Please type or print clearly. Make sure you have read and understand the instructions.

1. Demographic Information

Social Security Number (If you do not have a social security number, see instructions)

Male
 Female

Name First Middle Last

Birth date (mm/dd/yyyy)

Original License Address (Street)

City State Zip County

Phone (enter 10 digit #) Fax (enter 10 digit #) Cell (enter 10 digit #)

Email address:

For Office Use Only: License

Alternate Location #1 (Street)

City State Zip County

Phone (enter 10 digit #) Fax (enter 10 digit #) Cell (enter 10 digit #)

For Office Use Only: License

Alternate Location #2 (Street)

City State Zip County

Phone (enter 10 digit #) Fax (enter 10 digit #) Cell (enter 10 digit #)

For Office Use Only: License #

Alternate Location #3 (Street)

City	State	Zip	County
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Phone (enter 10 digit #)	Fax (enter 10 digit #)	Cell (enter 10 digit #)
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For Office Use Only: License #

Alternate Location #4 (Street)

City	State	Zip	County
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Phone (enter 10 digit #)	Fax (enter 10 digit #)	Cell (enter 10 digit #)
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For Office Use Only: License #

Alternate Location #5 (Street)

City	State	Zip	County
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Phone (enter 10 digit #)	Fax (enter 10 digit #)	Cell (enter 10 digit #)
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For Office Use Only: License #

Alternate Location #6 (Street)

City	State	Zip	County
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Phone (enter 10 digit #)	Fax (enter 10 digit #)	Cell (enter 10 digit #)
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Licensee Signature _____ Date _____

For Office Use Only:

Original License # _____



RCW/WAC and Online Web Site Links

RCW/WAC Links

Uniform Disciplinary Act.....	<u>UDA RCW 18.130</u>
Administrative Procedure Act	<u>APA RCW 34.05</u>
Administrative procedures and requirements	<u>WAC 246-12</u>
Denturists RCW.....	<u>RCW 18.30</u>
Board of Denture Technology WAC.....	<u>WAC 246-812</u>

On-Line

Board of Denturist	<u>Web page</u>
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