



South Dakota State Board of Dentistry

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Dental Entity Application for Registration

Submit the following:

- 1) Completed application;
- 2) A registration fee of \$100; and
- 3) Verification from the South Dakota Secretary of State that the entity is in good standing.

Name of Entity: _____

Please list the name that the entity is doing business as, if other than the name listed above:

Address: _____

City: _____ State: _____ Zip: _____

Employer Identification Number (EIN or TIN): _____

Business ID (SD Secretary of State): _____

State of Organization: _____

Contact Person: _____ Phone: _____

Email: _____

I have attached to this application verification from the South Dakota Secretary of State that the entity named in this application is in good standing.

Please list the following for each director, manager, member, partner or shareholder of the above named entity and have that individual complete the certification:

Name: _____ SD License #: _____ Status: _____

I certify that there is no disciplinary action pending before any state dental board against me.

I certify that this application has been reviewed by me and is true and correct.

Signature: _____ Date: _____

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For Office Use Only:

Payment: Check#: _____ Amount \$: _____ Date: _____