



South Dakota State Board of Dentistry

P.O. Box 1079, 1351 N. Harrison Ave. Pierre, SD 57501-1079

Ph: 605-224-1282

Fax: 1-888-425-3032

E-mail: contactus@sdboardofdentistry.com

www.sdboardofdentistry.com

REQUEST FOR REPLACEMENT CERTIFICATE

If you have lost your license and are seeking a replacement, please complete the form below and enclose a check or money order in the amount of \$15.00.

For name changes and additional satellite office copies there is no charge. Please log into your record at www.sdboardofdentistry.com and use the Contact Information link to make a name change or add a satellite office and an additional copy of your license will be mailed to you.

Name: _____ License #: _____

Address: _____ E-mail: _____

City: _____ State: _____ Zip: _____ Phone: _____