



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.org

Dental Entity Change in Ownership or Management

Please complete the following for any proposed admission, removal, or change of a director, manager, member, partner, or shareholder of a dental entity registered with the Board. This form must be submitted at least thirty days prior to the proposed action.

Name of Entity: _____

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

SD State Board of Dentistry Corporation Registration Number: _____

Contact Person: _____ Phone: _____

Email: _____

Employer Identification Number (EIN or TIN): _____

Business ID (SD Secretary of State): _____

The following change to the above named entity is requested:

Please list each current director, manager, member, partner or shareholder of the above named entity and have each individual complete the certification below. No change will be made to the record of the entity unless each director, manager, member, partner or shareholder listed under the current registration of this entity has signed this document. Please attach additional sheets, if necessary.

Name: _____ SD License #: _____ Status: _____

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

Signature: _____ Date: _____

Name: _____ SD License #: _____ Status: _____

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

Signature: _____ Date: _____

Name: _____ SD License #: _____ Status: _____

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Signature: _____ Date: _____

Name: _____ SD License #: _____ Status: _____

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

Signature: _____ Date: _____

Please list each proposed director, manager, member, partner or shareholder of the above named entity and have each individual complete the certification below. No change will be made to the record of the entity unless each proposed director, manager, member, partner or shareholder has signed this document. Please attach additional sheets, if necessary.

Name: _____ SD License #: _____ Status: _____

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

Signature: _____ Date: _____

Name: _____ SD License #: _____ Status: _____

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Signature: _____ Date: _____