



## South Dakota State Board of Dentistry

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### **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:

\_\_\_\_\_

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: \_\_\_\_\_

*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: \_\_\_\_\_

*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: \_\_\_\_\_

*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: \_\_\_\_\_

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For Office Use Only:

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