

# KANSAS DENTAL BOARD

900 SW Jackson, Suite 455-S  
Topeka, KS 66612  
785-296-6400 785-296-3116 (fax)  
[www.dental.ks.gov](http://www.dental.ks.gov)

## APPLICATION FOR CERTIFICATE

The undersigned hereby submits an application to the Kansas Dental Board for a certificate pursuant to K.S.A. 17-7608 (Limited Liability Companies) or K.S.A. 17-2709 (Professional Association). As part of such request, the undersigned submits the following information:

1. Name of the (Proposed/Existing) Limited Liability Company or Professional Association formed to practice dentistry:
2. A true and correct copy of the Articles of Organization of the proposed or existing Limited Liability Company or the Articles of Incorporation of the proposed or existing Professional Association is attached hereto.
3. Names and licensing information of each member of the Limited Liability Company or Professional Association. (Use an additional sheet if necessary.)

Member/shareholder's Name	<input type="text"/>	License No.	<input type="text"/>	Date	<input type="text"/>
Member/shareholder's Name	<input type="text"/>	License No.	<input type="text"/>	Date	<input type="text"/>
Member/shareholder's Name	<input type="text"/>	License No.	<input type="text"/>	Date	<input type="text"/>
Member/shareholder's Name	<input type="text"/>	License No.	<input type="text"/>	Date	<input type="text"/>

### CERTIFICATION:

I, the undersigned, have signed this application on behalf of the proposed Limited Liability Company or Professional Association named in Item No. 1 above, and hereby certify that I am licensed to practice dentistry in Kansas, that I am or will be a member of the proposed Limited Liability Company or Professional Association, and that all information provided as part of this application is true and correct.

_____ <i>Signature - Dentist</i>	_____ <i>Date</i>
_____ <i>Signature - Dentist</i>	_____ <i>Date</i>
_____ <i>Signature - Dentist</i>	_____ <i>Date</i>
_____ <i>Signature - Dentist</i>	_____ <i>Date</i>

**PLEASE INCLUDE THE \$2.00 FEE BY CHECK OR MONEY ORDER ONLY MADE PAYABLE TO:  
KANSAS DENTAL BOARD**

**Note:**

*After you receive the certificate, you will be required to finalize your business formation with the Kansas Secretary of State.*