

**Kansas Dental Board**  
**900 SW Jackson, Suite 455-S**  
**Topeka, KS 66614**  
**785-296-6400**  
**dental.info@ks.gov**

\$25.00 Fee Per Certificate

## **Duplicate Wall Certificate**

License Number

License Name

**Provide below the address the certificate(s) are to be mailed:**

Name

Address

Special  
Instructions

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Office Use Only Below This Line