Print Form

THE KANSAS DENTAL BOARD

900 SW Jackson,Suite 455-S
Topeka, KS 66612
785-296-6400 785-296-3116 (fax)
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		License No.		Date	
Member/shareholder's Name		License No.		Date	
Member/shareholder's Name		License No.		Date	
Member/shareholder's Name		License No.		Date	

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.

_____ _____
Signature - Dentist *Date*

_____ _____
Signature - Dentist *Date*

_____ _____
Signature - Dentist *Date*

_____ _____
Signature - Dentist *Date*

PLEASE INCLUDE THE $2.00 FEE PAYABLE TO: KANSAS DENTAL BOARD

Print Form