



**STATE OF MAINE  
BOARD OF DENTAL PRACTICE**

143 State House Station, Augusta, ME 04333-0143

**DATA REQUEST FORM**

(Revised 12/2021)

REQUESTOR'S INFORMATION (please print)			
FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
COMPANY			
MAILING ADDRESS			
CITY	STATE	ZIP CODE	COUNTY
PHONE ( )	FAX ( )	E-MAIL	

**Board of Dental Practice**

**Required Fee - \$75.00 per request**

**Office Use Only**

2637 - \$75.00

*Office Use Only*

Check # \_\_\_\_\_  
 Amount: \_\_\_\_\_  
 Cash #: \_\_\_\_\_  
 License #: \_\_\_\_\_

**PAYMENT OPTIONS:**

Make checks payable to "Maine State Treasurer" - If you wish to pay by credit card, fill out the following:

NAME OF CARDHOLDER (please print)	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
I authorize the Maine Board of Dental Practice to charge my <input type="checkbox"/> VISA <input type="checkbox"/> M/C <input type="checkbox"/> Discover <input type="checkbox"/> AMEX    the following amount: \$ _____			
Card number:	XXXX-XXXX-XXXX-XXXX	Expiration Date	mm / yyyy
<b>SIGNATURE</b>	<b>DATE</b>		

**Information Requested**

Please select from the following available options:

<input type="checkbox"/>	Last Name	<input type="checkbox"/>	First Name	<input type="checkbox"/>	Middle Name	<input type="checkbox"/>	Name Suffix
<input type="checkbox"/>	Professional Suffix	<input type="checkbox"/>	License Description	<input type="checkbox"/>	License Expiration Date	<input type="checkbox"/>	First License Date
<input type="checkbox"/>	Address 1	<input type="checkbox"/>	Address 2	<input type="checkbox"/>	Address 3	<input type="checkbox"/>	Phone Number
<input type="checkbox"/>	City	<input type="checkbox"/>	State	<input type="checkbox"/>	Zip	<input type="checkbox"/>	County
<input type="checkbox"/>	Country	<input type="checkbox"/>	Specialty/Authority	<input type="checkbox"/>	Birth Date	<input type="checkbox"/>	License Status
<input type="checkbox"/>	E-mail Address	<input type="checkbox"/>	Fax Number	<input type="checkbox"/>	License Number	<input type="checkbox"/>	Disciplinary Action (Y/N)

**License Type**

Please select from the following available options:

<input type="checkbox"/>	Dentist - Cost \$75.00 (Includes: Dentists, Charitable Dentist Permit, Dental Extern, Faculty Dentist, Limited Dentist, Resident Dentist, Temporary Dentist Permits)
<input type="checkbox"/>	Dental Hygienist – Cost \$75.00 (Includes: Dental Hygienists Faculty Dental Hygiene, Temporary Dental Hygiene)
<input type="checkbox"/>	Expanded Function Dental Assistant – Cost \$75.00
<input type="checkbox"/>	Denturist – Cost \$75.00 (Includes: Denturists, Denturist Faculty, and Temporary Denturist)
<input type="checkbox"/>	Dental Radiographer – Cost \$75.00
<input type="checkbox"/>	Dental Hygiene Therapist – N/A There are currently no licensees (Includes Dental Hygiene Therapist, Dental Hygiene Therapist Provisional)
<input type="checkbox"/>	Sedation/Anesthesia Permits - \$75.00 (Includes: Itinerant Permits, Moderate Sedation, General Anesthesia, Deep Sedation, Site Permits)

**License Status**

<input type="checkbox"/>	Active	<input type="checkbox"/>	Inactive	<input type="checkbox"/>	Expired (Withdrawn/Lapsed)
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## **Format of Data Request**

Please select from the following available options:

<input type="checkbox"/>	Excel	<input type="checkbox"/>	PDF	<input type="checkbox"/>	Mailing Labels
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## **Delivery Method**

Please provide details of how you wish to receive the Data Request:

<input type="checkbox"/>	E-mail:  (Please include the e-mail address)	<input type="checkbox"/>	USPS:  (Please include the mailing address)
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## **Frequently Asked Questions:**

- **Where do I send my request to?** Our mailing address is 143 State House Station, Augusta, Maine 04333-0143
- **How long does it take to process a request?** Data Requests are processed within 14 - 21 business days of being received.

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BOARD OF DENTAL PRACTICE*

**Mailing Address:** 143 State House Station, Augusta, Maine 04333-0143 **Courier/Delivery address:** 76 Northern Ave,  
Gardiner, Maine 04345 Phone: (207) 287-3333 Fax: (207) 287-8140 TTY users call Maine relay 711 web:  
[www.maine.gov/dental](http://www.maine.gov/dental)