



**STATE OF MAINE
BOARD OF DENTAL PRACTICE**
143 State House Station, Augusta, ME 04333-0143

DATA REQUEST FORM

(Revised 1/2025)

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 Misc. Fees

Office Use Only

Check # _____
Amount: _____
Cash #: _____
License #: _____

PAYMENT OPTIONS:

Make checks payable to "Maine State Treasurer" – if you wish to pay by credit or debit card, fill out the following:

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

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)
--------------------------	--------	--------------------------	----------	--------------------------	----------------------------

Format of Data Request

Please select from the following available options:

<input type="checkbox"/>	Excel	<input type="checkbox"/>	PDF	<input type="checkbox"/>	Mailing Labels
--------------------------	-------	--------------------------	-----	--------------------------	----------------

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)
--------------------------	--	--------------------------	---

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.

*STATE OF MAINE
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