

**THIS APPLICATION MUST BE SUBMITTED TO THE
MARYLAND STATE BOARD OF DENTAL EXAMINERS
The Benjamin Rush Building · Spring Grove Hospital Center
55 Wade Avenue · Catonsville, MD 21228
(410) 402-8509**

APPLICATION FOR A CERTIFICATE OF
AUTHORIZATION FOR USE OF CORPORATE NAME

PLEASE READ ALL ATTACHMENTS PRIOR TO COMPLETING APPLICATION

The Applicant must submit an authorization fee of **\$150.00** with this application. Please make checks payable to the Maryland State Board of Dental Examiners. (Corporations and Associates Article 5-107 (1993 Cum. Supp.).

(Corporate Name)

(Telephone Number)

(Street and Number)

_____, Maryland
(City or Town) (Zip Code) (County)

List all office locations.

List the names of all individual stockholders with the percentage of ownership. (Percentage of ownership must equal 100%)

Name	Dental License Number	Percentage of Ownership
_____	_____	_____
_____	_____	_____

List the names and license numbers of all non-owner registered dentists:

Name	Dental License Number	Employed Full or Part Time
_____	_____	_____

List the names and license numbers of all registered dental hygienists:

Name	Dent. Hyg. License Number	Employed Full or Part Time
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Corporation and Associations Article Section 5-108(a)(2) requires that the applicant state “reasons for adopting.” Please state your reasons for adopting the name.

If necessary, attach an additional sheet of paper.

(Print Name)

(Date)

(Signature)