

## List/Labels Request Form

(This form is not required if all information is included in a written request!)

The fee for list/labels of dentists, hygienists, or assistants is \$100 per profession. If you are requesting dentist, hygienists, and assistants, please submit \$300. Please send check or money order made payable to NDSBDE.

Person requesting list \_\_\_\_\_

Organization or business name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**I request the following** (Please attach a sheet explaining any requested fields or special instructions):

**Purpose of the list** (Please mark one):

Continuing Education       Employment Recruiting       Research       Other

**License Level** (Mark as many as necessary):  Dentists     Hygienists       Assistants

**List/label order** (Mark one):

Alphabetical       License Number       Zip Code       No order       Other

**Format** (For email, please indicate Excel or delimited format. If not specified, file will be sent in comma delimited which also works with Excel) (Please mark one):

Mailing Labels       Paper List       Email

**List/labels sent to** (Mark one):

Email address listed above     Address listed above     Address listed below

Name \_\_\_\_\_ Business \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Please contact the Board office at 701-258-8600 or [ndsdbde@aptnd.com](mailto:ndsdbde@aptnd.com) if you have any questions.

Please submit your request with the fee to:

NDSBDE  
PO Box 7246  
Bismarck, ND 58507

**IN OFFICE USE ONLY:**

Filename \_\_\_\_\_

Date Sent \_\_\_\_\_