

OREGON BOARD OF DENTISTRY  
UNIT 23  
PO BOX 4395  
PORTLAND, OR 97208-4395

**DENTAL HYGIENE  
BIENNIAL LICENSURE FEE**

Enclose the biennial licensure fee of \$225.00, payable by cashier's check or money order to the Oregon Board of Dentistry, with this form and mail to the above address.

a. Name (as you wish it to appear on your formal license)

\_\_\_\_\_

b. Mailing address

\_\_\_\_\_ Street or P.O. Box

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

Business address

\_\_\_\_\_ Street

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

Home address

\_\_\_\_\_ Street

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

c. Phone: Home

\_\_\_\_\_ Area Code - Telephone Number

Business

\_\_\_\_\_ Area Code - Telephone Number

Cell Phone

\_\_\_\_\_ Area Code - Telephone Number

d. Email address: \_\_\_\_\_