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To: Licensed Dentists
From: Licensing Department
Subject: Request for Branch Office Registration

The Statutes governing the practice of Dentistry require that a licensee display a current registration certificate in a conspicuous place in plain view of patients. Likewise, a branch office certificate is required to be issued for **every location** in which a licensed dentist practices. You must submit a separate request for each location where you need a branch office registration.

The Branch Office fee for dentists is \$90 if you apply between November 1, 2015 and October 31, 2016. The fee is \$45 if you apply between November 1, 2016 and October 31, 2017. Your branch(es) will be linked to your primary license, and must be renewed with your dentist license every two years. The renewal fee is currently \$90 for each biennial licensing period.

Name of Dentist _____

License Number _____

BRANCH OFFICE REGISTRATION REQUESTED AT THE FOLLOWING LOCATION:

Business Name _____

Street Address _____

City/State/Zip _____

Telephone # _____

Please submit this form with a check or money order payable to the “State of New Jersey” in the amount of \$90 (if submitted between 11/1/2015 and 10/31/2016) or \$45 (if you submitted between 11/1/2016 and 10/31/2017).