



Dental Laboratory Registration Application

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In order to process your request:

Mail your application with initial documentation and your check or money order payable to:

Department of Health
PO Box 1099
Olympia, WA 98507-1099

Send other documents not sent with initial application to:

Dental Laboratory Credentialing
PO Box 47877
Olympia, WA 98504-7877

Contact us:

360-236-4700

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

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Application Instructions Checklist

When your application for a dental laboratory registration is received by the Department of Health, you will be notified in writing of any outstanding documentation needed to complete the application process.

Indicate type of application—New, change of ownership, renewal, change of location, or amendment.

- **New**—First time requesting a dental laboratory registration.
- **Change of Ownership**—When name of legal owner/operator changes resulting from the sale of a dental laboratory registration.
- **Renewal** -- To renew an existing Dental Laboratory Registration
- **Change of Location**—Changing the location address of the dental laboratory. Include your current registration number.
- **Amendment**—When information provided on the registration application changes.

Check One:

Please check your legal owner/operator business structure type according to your Washington State Master Business License.

- Application Fees:** Fees are non-refundable. You can check the online [fee page](#) for current fees.

1. Demographic Information:

Uniform Business Identifier Number (UBI #): Enter your Washington State UBI #. All Washington State businesses must have UBI #'s. City, county, and state government departments also have UBI#'s.

Federal ID Number (FEIN #): Enter your Federal ID Number, if the business has been issued one.

Legal Owner/Operator Name: Enter the owner's name as it appears on the UBI/ Master Business License.

Mailing Address: Enter the owner's complete mailing address.

Phone and Fax Numbers: Enter the owner's phone and fax number.

Email and Web Address: Enter the owner's email and agency Web addresses, if they have them.

Facility/Agency Name: Enter the dental laboratory's name as advertised on signs, brochures or Web sites.

Physical Address: Enter the dental laboratory's physical street location including city, state, zip code, and county.

Email address: Enter the dental laboratory's email address if available.

Phone and Fax Numbers: Enter the dental laboratory's phone and fax number.

Mailing Address: Enter the dental laboratory's mailing address, if different than physical address.

2. Responsible Person or Supervising Dentist Information:

Enter name, WA dentist license number (if applicable), phone number, and email address.

3. Change of Ownership Information:

List the previous legal owner name, previous name of dental laboratory, previous registration number, and effective date of ownership change.

4. Dental Laboratory Acknowledgements

Initial and date each acknowledgement. Each acknowledgement should only be initialed and dated by the responsible person or supervising dentist listed on the application.

Signature:

Signature of responsible person or supervising dentist.

Date signed.

Print name of responsible person or supervising dentist.

Print title of responsible person or supervising dentist.

Registration Requirements

In order to process your request, you must provide the following:

- Return completed application, along with application fee
- Provide verification that the dental laboratory meets the requirement listed in [RCW 70.352.050](#)

* Acceptable verification is a valid certificate obtained by the responsible person, supervising dentist, or one of the laboratory's employees who works at least thirty hours per week in the dental laboratory. The certificate must prove one of the following:

1. Successful completion of at least twelve hours of continuing education in dental laboratory technology approved by the national board for certification in dental laboratory technology during the twelve months immediately preceding their application for registration; or
2. Is certified by the national board for certification in dental laboratory technology as a certified dental technician in good standing.

Date
Stamp
Here

Revenue: 0597626350

Dental Laboratory Registration Application

This is for: New Change of Ownership Renewal
 Amendment Change of Location – Current License # _____

Check One

- | | | |
|--|---|---|
| <input type="checkbox"/> Association | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Sole Proprietor |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Municipality (City) | <input type="checkbox"/> State Government Agency |
| <input type="checkbox"/> Federal Government Agency | <input type="checkbox"/> Municipality (County) | <input type="checkbox"/> Tribal Government Agency |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Non-Profit Corporation | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Partnership | |

1. Demographic Information

UBI #		Federal Tax ID (FEIN) #		
Legal Owner/Operator Name				
Mailing Address				
City	State	Zip Code	County	
Phone (enter 10 digit #)		Fax (enter 10 digit #)		
Email Address		Web Address:		
Facility/Agency Name (Business name as advertised on signs or Web site)				
Physical Address				
City	State	Zip Code	County	
Facility Phone (enter 10 digit #)		Fax (enter 10 digit #)		
Email Address:				
Mailing Address (If different than physical address)				
City	State	Zip Code	County	

2. Responsible Person or Supervising Dentist Information

Check One: Responsible Person Supervising Dentist

Name WA Dentist License # (if applicable)

Phone (enter 10 digit #) Email Address

3. Change of Ownership Information

Previous Name of Legal Owner

Previous Name of Facility

Previous Facility License #

Effective Date of Ownership Change

4. Dental Laboratory Acknowledgements

"I acknowledge that this dental laboratory will provide written material disclosure to the prescribing dentist that contains the information required in [RCW 70.352.030\(1\)\(e\)](#)."

Initial of Responsible Person or Supervising Dentist _____ Date _____

"I acknowledge that this dental laboratory will disclose in writing to the prescribing dentist the point of origin of the manufacture of each prescribed restoration as required in [RCW 70.352.030\(1\)\(f\)](#)."

Initial of Responsible Person or Supervising Dentist _____ Date _____

"I acknowledge that this dental laboratory meets the infectious control requirements under the occupational safety and health administration and the centers for disease control and prevention of the United States public health service as required in [RCW 70.352.030\(1\)\(d\)](#)."

Initial of Responsible Person or Supervising Dentist _____ Date _____

Signature

I certify I have received, read, understood, and agree to comply with state law and rule regulating this licensing category. I also certify the information herein submitted is true to the best of my knowledge and belief.

Signature of Responsible Person or Supervising Dentist

Date

Print Name

Print Title



RCW/WAC and Online Web Site Links

RCW/WAC Links

[Dental Laboratories Rules, WAC 246-315](#)

[Dental Laboratories Laws, RCW 70.352](#)

On-Line

[Dental Laboratories, Web Page](#)