



Guam Board of Examiners for Dentistry



Record of Payment

I. IDENTIFICATION:

Name: _____
(Last) (First) (Middle)
 Age: _____ Gender: M / F Date of Birth: _____ Place of Birth: _____ State: _____
 Mailing Address: _____
 City: _____ Apt./Ste.: _____ State/Terr.: _____ Zip: _____
 Primary Email: _____ Secondary Email: _____
 Residence Address: _____
 City: _____ Apt./Ste.: _____ State/Terr.: _____ Zip: _____
 Primary Tel: _____ Secondary Tel: _____ Other: _____
 Name of Dental Practice/Business: _____
 Street Address: _____ Apt./Ste.: _____
 City: _____ Zip: _____ Bus. Phone: _____ Ext. _____
 Bus. Fax: _____ Bus. Email: _____ Supervising Dentist: _____
 Applicant's Signature: _____ Date: _____

II. VERIFICATION OF LICENSURE: Please print the complete name used on original license AND your Social Security Number.

Name: _____ SS#: _____

III. FEES: Please make all checks or money orders payable to the Treasurer of Guam. All fees are NON-REFUNDABLE.

Please indicate your requests below:

A. DENTISTS

Clinical Examination Fee	2000.00
Dental License NEW Applicant Fee	500.00
Dental License Renewal Applicant Fee	200.00
Late Filing Fee for Dental License Renewal Application (per month) after 31 August	200.00
License Verification Fee	25.00
Re-issuance of License Certificate	50.00
Copy of Guam Dental Practice Act (http://www.guamcourts.org/compileroflaws/GCA/10gca/10gc012.PDF) pp. 68-84	20.00
Copy of GBED Rules and Regulations (http://www.guamcourts.org/compileroflaws/GAR/25GAR/25GAR001-8.pdf)	20.00
Photocopy (per page)	0.50
Specialty License NEW Applicant Fee	200.00
Specialty License Renewal Applicant Fee	100.00
New Application for Use of Permit for Analgesia, Sedation & General Anesthesia	100.00
Renewal for Use of Permit for Analgesia, Sedation & General Anesthesia	20.00

B. HYGIENISTS

Dental Hygiene License NEW Applicant Fee	100.00
Dental Hygiene License Renewal Applicant Fee	50.00
Late Fee for Dental Hygiene License Renewal after 30 September	50.00
NEW Application for Permit to Administer Local Anesthesia	50.00
Renewal of Permit to Administer Local Anesthesia	50.00

C. ANCILLARY DENTAL PERSONNEL (Check One: _____ Dental Assistant _____ Dental Lab Technician _____ Dental Auxiliary)

Dental Ancillary Personnel NEW Registration Fee	50.00
Dental Ancillary Personnel Renewal of Registration Fee	30.00
Late Fee for Dental Ancillary Personnel Renewal of Registration after 30 September	50.00

NOTE: Present this Form with Payment

Total Amount Due: _____

FOR OFFICE USE ONLY: Payment () Cash () Check () Money Order

Field Receipt _____ Date Paid: _____