ROSTER REQUEST FORM

All rosters come in Excel format. The roster(s) you receive will contain only public information; license #, license type, license status, name, address, city, state, zip, county, issue date, and expiration date. **Email address and phone numbers are not public information and will not be included with your roster.**

The list can be obtained alphabetically, by license type, license status, license number order or specialty.

Partial lists are not available (i.e., certain counties, cities, zip codes, etc.) The list contains all of the licensees in Maryland.

Payment must accompany request. We accept check or money orders made payable to the Maryland State Board of Dental Examiners. **Please do not send cash.** We do not accept credit cards or purchase orders.

If you have any questions or concerns regarding the roster, please contact Ms. Sandra Sage at (410) 402-8510.

Complete the form below and mail with payment to:

Maryland State Board of Dental Examiners
Spring Grove Hospital Center
Benjamin Rush Building
55 Wade Avenue/Tulip Drive
Catonsville, Maryland 21228

******************************************************************************************

Name:  

Company/Business Name:  

Daytime Telephone Number:  

Mailing Address:  

City, State, Zip:  

Email Address:  

**Request(s) will not be sent until payment has been received.**

**Rosters will be sent via email.**

<table>
<thead>
<tr>
<th>LICENSE TYPE</th>
<th>PRICE</th>
<th>ALPHABETICAL, LICENSE TYPE, LICENSE STATUS OR LICENSE NUMBER ORDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentists</td>
<td>$190</td>
<td></td>
</tr>
<tr>
<td>Hygienists</td>
<td>$130</td>
<td></td>
</tr>
<tr>
<td>Radiation Technologists</td>
<td>$145</td>
<td></td>
</tr>
<tr>
<td>Dental Assistants</td>
<td>$145</td>
<td></td>
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