

Dental Assisting National Board, Inc. (DANB)

Request to Notarize a Certificate

This form will be accepted through Dec. 31, 2022.



Measuring Dental Assisting Excellence®

Contact DANB with any questions at 1-800-367-3262 or email danbmail@danb.org.

Submit this form to:

DANB

444 N. Michigan Ave., Suite 900

Chicago, IL 60611

Fax: 1-312-642-8507

Do NOT fax/mail twice or you will be charged twice.

Policy

To request a notarized DANB-issued certificate you must submit this completed form and appropriate fee (for each certificate requested) to DANB. Notarized certificate(s) will be mailed within 2–4 weeks.

A \$10 nonrefundable administrative fee per certificate will be required for individuals who submit this form before their official exam results and certificates or before their renewal certificates are printed.

A \$60 fee per certificate (\$10 administrative fee + \$50 duplicate certificate fee) will be required for individuals who submit this form after their original certificate(s) has/have been printed and mailed.

A \$10 administrative fee per certificate will be required for individuals who mail their original certificate(s), along with a completed request form, to DANB to be notarized.

Notarized Certificate Request

DANB Cert. # (if applicable) _____ DANB ID _____

Which certificate (s) are you requesting? (required) _____

Name (print or type) _____
Last First MI

Prior name (if applicable) _____ Email (required) _____

Home Address _____ City _____ State _____ Zip _____

Phone Number(s): Office (____) _____ Cell or Home (____) _____

I hereby officially request a notarized copy of the certificate(s) selected above. ***I understand that the \$10 administrative and \$50 duplicate certificate fees are nonrefundable.***

Signature X _____ Date X _____

Payment Information

Candidate/Certificant Name _____

- Check/Money Order payable to DANB (must include candidate's name and be in US dollars)
 Credit Card Authorization (VISA, MasterCard, Discover & American Express accepted): Amount: \$ _____

Notarized Certificate
3451

Credit Card Number _____ CVV _____ Expiration Date ____ / ____

Cardholder's Name _____ Cardholder's Signature X _____

Cardholder's Billing Address _____

City/State/Zip _____ Phone Number _____

By signing, the cardholder acknowledges purchase of the aforementioned services by DANB in the amount of the total shown hereon and agrees to perform the obligations set forth in the cardholder's agreement with the issuer. Furthermore, the cardholder understands that the signature obtained on this form shall be used to indicate receipt of purchase of the services by DANB.