

## Dental Assisting National Board, Inc. (DANB)

# Request to Notarize a Certificate

This form will be accepted through Dec. 31, 2018.



Measuring Dental Assisting Excellence®

Contact DANB with any questions at 1-800-367-3262.

Submit this form to:  
DANB  
Attn: Finance Dept.  
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 2-3 weeks.

A \$10 nonrefundable administrative fee 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 (\$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 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 \_\_\_\_\_

Name (print or type) \_\_\_\_\_  
Last First MI

Prior name (if applicable) \_\_\_\_\_

Email \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number(s): Office (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

I hereby officially request a notarized copy of the certificate(s) selected above. ***I understand that an administrative fee is required for this service.***

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.