



# Notification of Change Form for Dental Practices or Clinics

This form must be completed by the owner of a dental practice or clinic if there has been a change from the filing of the Initial Certification Statement Form. Please reproduce this form if additional space is necessary to complete an item. Submit the completed form to DEP to the address specified at the end of this form. This Notification of Change Form is available on the DEP website at <http://www.ct.gov/dep>.

## Part I: Type of Change

Check all changes that apply to the dental practice or clinic:

name
  amalgam separation unit  
 location
  ownership

**Part II: Practice or Clinic Information:** Complete items 1 *and* 2 if there is a change in name, location, or ownership of the practice or clinic. In all other cases, complete item 1.

**1. Previous Information**

Name of Practice or Clinic:  
 Street Address:  
 City/Town: State: Zip Code:  
 Business Phone: ext. Fax:  
 Owner:  
 License No.:

**2. New Information**

Name of Practice or Clinic:  
 Street Address:  
 City/Town: State: Zip Code:  
 Business Phone: ext. Fax:  
 Owner:  
 License No.:

Check the box if there is more than one new owner of the dental practice or clinic. If so, please be sure to list additional new owners in Part IV of this form.

**Part III: Amalgam Separation Unit Information:** If there is a change in the amalgam separation unit(s), list previous units, their respective information and date of removal and/or list new units, their respective information and date of installation.

Manufacturer	Model	Serial No.	Date Installed	Date Removed

**Part IV: List each new licensed dentist that has an ownership interest in the dental practice or clinic identified in Part II.**

Name of Dentist	License Number

**Part V: Certification Statement**

<p><b>This part must be signed by all owners of the dental practice or clinic.</b></p> <p>“I have read the Dental Office Best Management Practices developed by the Connecticut Department of Environmental Protection and certify that this dental office is in compliance with these practices. The information provided in this certification is true, accurate and complete to the best of my knowledge. I will maintain a copy of this certification and the department’s best management practices guideline document in this office at all times.”</p>		
Signature of Owner	Name of Owner (Print or Type)	Date
Signature of Owner	Name of Owner (Print or Type)	Date

All completed Notification of Change Forms shall be mailed to the following address:

Central Permit Processing Unit  
 Department of Environmental Protection  
 79 Elm Street  
 Hartford, CT 06106-5127

If you have any questions on the Notification of Change Form, please call 860-424-3003.

Note: Any person operating any source of ionizing radiation (including gamma rays, x-rays, alpha and beta particles, neutrons, protons, high-speed electrons, and other atomic or nuclear particles), or producing, transporting, storing, possessing, or disposing of radioactive materials must register annually with the DEP Radiation Program. All registrations expire on December 31 of the year issued. This registration does **not** apply to medical x-ray devices. The Ionizing Radiation Registration Form and instructions are available on the DEP website at <http://www.ct.gov/dep>. If you have any questions, please call the Radiation Program at 860-424-3535.