



Request for CDT Retirement Status

Please select one of the following retirement options below:

I wish to change my CDT status to **Active Retired** and continue to receive the JDT, mailings and other NBC benefits. Please send a card designating my retired status and an expiration sticker to place on my certificate at the time of my next renewal. I understand that I will be invoiced a \$65 annual renewal fee and am not required to obtain continuing education credits for renewal.

I wish to change my CDT status to **Permanent Retired**. Under this option I will be unable to return to active CDT status and will not receive the JDT, mailings and other NBC benefits. Please send a card designating my retired status and a retired sticker to place on my certificate. I will not have to renew annually.

I confirm that I am no longer working in the dental technology field (not even part-time), and wish to retire my CDT.

Signature _____	Date of Birth _____	Date _____
Printed Name _____	CDT Number _____	
Address _____		
City _____	State _____	Zip _____

Payment Information

- Check Enclosed Check # _____ Amount Enclosed \$ _____
- Charge my [] VISA [] MC [] AMEX Amount \$ _____

Card Number _____ Expiration Date _____

Security Code _____

This is the 3 digit number that appears on the reverse side of your credit card. For Amex cards only, this is the 4 digit number on the front of your card.

Name on Card _____ Authorized Signature _____

Billing Address _____ City _____

State _____ Zip _____ Business Phone _____

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