



Application for
Additional Dental Office

Business and Professions Code 1658 et seq.
Title 16 CCR 1045-1048, 1057

Non-Refundable Filing Fee: \$350 for each additional office

For Office Use Only
Receipt No. File #
Amount Paid Date
Exp. Date Denied
Permit Number AO

Check all applicable

Individual - Complete pg. 1&3

Dental Corporation - Complete pg. 1, 2 & 3

Any omissions or inaccuracies are grounds for denial and may result in discipline B&P Code 1701 (e) or other applicable provisions of the law.

INDIVIDUAL APPLICATION - print or type

- 1. Name: Last, First, Middle License Number SSN/FEIN/ITIN #
2. The address of your primary place of practice is: Street, Number, and Suite City State Zip Code
3. The address of your new additional office is: Street, Number, and Suite City State Zip Code
4. Telephone Number 5. Email Address
6. Do you accept legal responsibility and liability for dental services rendered in each of the offices maintained by you? Yes No
7. Are all offices you operate in compliance with Business and Professions Code 1658.1 and all other applicable State and Federal laws? Yes No
8. Have you posted, in a visible area to patients, a sign with your name, mailing address, telephone number, and dental license number? Yes No

CERTIFICATION

I certify under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

Date Signature

CORPORATION APPLICATION – PRINT OR TYPE

1. Name of Corporation _____

2. **Shareholders**

Name	Dental License Number	Social Security Number

3. Do you accept legal responsibility and liability for dental services rendered in each of the offices maintained by you? Yes No
4. Are all offices you operate in compliance with Business and Professions Code 1658.1 and all other applicable State and Federal laws? Yes No
5. Have you posted, in a visible area to patients, a sign with your name, mailing address, telephone number, and dental license number? Yes No

DECLARATION – Must be executed by an officer who is a licensed dentist.

I am an officer of _____
Name of Corporation

And as such make this declaration for and on behalf of said corporation. I have the foregoing application and all attachments thereto, and know the contents thereof, and the same are true for my own knowledge. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Any false statement willfully made in the application may result in discipline or criminal liability under Business and Professions Code 1701 (e), or other applicable provisions of the law.

Executed at _____, California on this _____ Day of _____ 20 _____

By _____
Type or print name Title License Number

 Signature

INFORMATION COLLECTION AND ACCESS The information requested herein is mandatory and is maintained by Dental Board of California, 2005 Evergreen Street, Suite 1550 Sacramento, CA. 95815, Executive Officer, 916-263-2300, in accordance with Business & Professions Code, §1600 et seq. Except for Social Security numbers, the information requested will be used to determine eligibility. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Disclosure of your Social Security number is mandatory and collection is authorized by §30 of the Business & Professions Code and Pub. L 94-455 (42 U.S.C.A. §405(c)(2)(C)). Your Social Security number will be used exclusively for tax enforcement purposes, for compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination board, and where licensing is reciprocal with the requesting state. If you fail to disclose your Social Security number, you may be reported to the Franchise Tax Board and be assessed a penalty of \$100. Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. Applicants are advised that the names(s) and address(es) submitted may be made public.