



### Fictitious Name Permit Application

Business and Professions Code Section 1701.5

Standard fee **\$650** / Prorated fee **\$325**  
*(see page 3 for details)*

**Filing Fee is Non-Refundable**

For Office Use Only	
Receipt No. _____	File # _____
Amount Paid _____	Date _____
FNP _____	Issue Date _____
Exp. Date _____	

All information requested in this application must be supplied by the applicant. Falsification or misrepresentation of any item or response on this application or any attachment hereto is sufficient basis for denying or revoking a permit. Any false statement willfully made in this application may result in discipline or criminal liability under the business & Professions Code 1701 (e) or other applicable provisions of the law.

**Please type or print legibly:**

1. Fictitious name to be used in the practice: (Refer to instructions on pages 3 & 4)

2. Address of practice where fictitious name will be used: (Each permit is address specific)

3. Telephone Number: \_\_\_\_\_ 4. Email Address: \_\_\_\_\_

5. Practice Status: \_\_\_\_\_ Individual \_\_\_\_\_ Association \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation

6. List all dentists who have ownership in the practice associated with this application.

NOTE: The first license listed will be used for the purpose of fixing an expiration date for this permit.

Full Name	Dental License Number:	SSN/FEIN/ITIN #:

**For applicants other than a corporation:**

**CERTIFICATION**

The dentist or dentists that have ownership of the dental practice at the location specified on this application hereby certify under penalty of perjury under the laws of the State of California that the practice is wholly owned and entirely controlled by the applicants(s), and that all statements made on this application and any attachments are true and correct.

Name	Signature	Date	License Number

**For corporations only:**

**DECLARATION**

The dental practice at the location specified on this application is wholly owned and entirely controlled by this corporation. Input corporation name below, **exactly as it is listed on the Articles of Incorporation:**

I am an officer of \_\_\_\_\_ and as such, make this declaration for and on behalf of said corporation. I have read the foregoing application and all attachments thereto, and know the contents thereof, and the same are true of my own knowledge.

I declare under penalty of perjury under the laws of the State of California that I have legal authority to act on behalf of said entity, and that the information contained in this application is true and correct.

Executed at \_\_\_\_\_, CA, this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

By: \_\_\_\_\_  
Printed name Title License Number Signature

Person to be contacted regarding this application:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**INFORMATION COLLECTION AND ACCESS**

The information requested herein is mandatory and is maintained by Dental Board of California, 2005 Evergreen Street, Suite 1500, 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, under limited circumstances, be made public.

# Fictitious Name Permit Application Instructions

Business and Professions Code, [Section 1705.5](#), states, "...Any association or partnership or corporation or group of three or more dentists, engaging in practice under any name that would otherwise be in violation of Section 1701 may practice under this name if, and only if, the association, partnership, corporation or group holds an outstanding, unexpired, unsuspended, and unrevoked permit issued by the board under this section."

On and after July 1, 1995, any individual dentist or pair of dentists engaging in the practice of dentistry under any name that would otherwise be in violation of Section 1701 may practice under that name if and only if the dentist or pair of dentists hold an outstanding, unexpired, unsuspended, and unrevoked permit issued by the board under this section.

A Fictitious Name Permit is not required by a corporation if practicing under the corporate name. The corporation name must meet B&P Code § 1804 requirements (corporate name restrictions). If a corporation wishes to practice under a name other than its corporate name, then a permit is required. A permit is not required for an individual practicing under his or her name with a practice area, e.g., Dr. Terry Jones, General Dentistry, or Dr. Pat Smith, practice limited to orthodontics.

## The requirements to obtain a Fictitious Name Permit include:

1. A completed application with fee. The applicant or applicants must be licensed dentists. Your application will be returned if the fictitious name does not reflect the required family name and dental designation (see "Name Style" section below for details).
2. If applying as a Corporation, you must submit a copy of Articles of Incorporation.
3. Non-refundable application fee:
  - o \$650 if the dental license will expire more than one year from the date of issuance, or
  - o \$325 if the dental license will expire in less than a year. (B&P Code § 1724.5.)

## Renewing Your Permit

A permit expires when the qualifying license expires, and the permit must be renewed every two years. The fee for renewal is \$325. A delinquent fee of \$162.50 will be applied if the permit is renewed more than 30 days after the expiration date.

## Permit Restrictions

The location where the applicant or applicants practice must be owned or leased by the applicant or applicants, and the practice conducted at that place must be wholly owned and entirely controlled by the applicant or applicants. (B&P Code § 1701.5(c).) Accordingly, permits are address-specific and are subject to revocation if the practice changes locations or status, such as a change from individual owner to a corporation.

## Processing time after application is received

Notice of any deficiencies will be mailed within 30 days.  
After application is complete, permit will be issued within 75 days.

## **Name Style**

Business and Professions Code, [Section 1701.5\(c\)](#), states that the fictitious name must include at least the family name of the applicant or one of the applicants, or the name(s) of one or more of the past, present, or prospective associates, partners, shareholders, or members of the group, as well as one of the following designations: "dental group", "dental practice" or "dental office".

The name may include descriptive language such as regional or geographic references, and may denote a practice area, as long as it is truthful and not misleading.

The fictitious name may be more than one line, and if so, the lines do not have to be of equal font size. Some examples are:

**Greenhaven Dental Care**

Dental Office of Dr. John Doe

**A-B-C Dental**

Practice of Smith Dental Corporation

**Camellia Dental Center**

Dental Group of John Doe, DDS, Inc.

**Howe Avenue Dental Group**

Drs. Jones, Smith, and Doe

For further assistance, please call (916) 263-2300, or send an e-mail to [dentalboard@dca.ca.gov](mailto:dentalboard@dca.ca.gov).