



## CHANGE OF ADDRESS FORM

*Business and Professions Code, §§ 136,1650, 1650.1, 1651*

Approved By: _____
Approved Date: _____

**Please submit by mail – Change of Address can also be submitted online at [www.Breeze.ca.gov](http://www.Breeze.ca.gov)**

Name	Last	First	Middle	Dental License Number
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New Address of Record for Mailing (Street and Number)	City	State	Zip Code
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Phone Number	Email Address
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New Place of Practice (Street and Number)	City	State	Zip Code
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Phone Number
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Additional Place of Practice (Street and Number)	City	State	Zip Code
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Phone Number
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Additional Place of Practice (Street and Number)	City	State	Zip Code
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Phone Number
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List all Board License or Permit Number(s) Issued to You <i>*Does not apply to Fictitious Name or Additional Office Permits – contact the Board for more information to change addresses for Fictitious Name or Additional Office Permits</i>
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Attach additional pages if needed to report all locations where you practice.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by the Dental Board of California, 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, Executive Officer, 916-263-2300, in accordance with Business and Professions Code (BPC) section 1600 et seq. Disclosure of your personal information on this form is mandatory and collection is authorized by BPC sections 136, 1650, 1650.1, and 1651. Your personal information will be used for compliance with licensing requirements of the Dental Practice Act. If you fail to disclose this information, your application will be rejected as incomplete and noncompliant with the Dental Practice Act's reporting and registration requirements (BPC, §1600 et seq.) and may subject you to enforcement action by the Board. Each individual has the right to review the personal information maintained by the Board unless the records are exempt from disclosure by the Information Practices Act, including Civil Code section 1798.40. The Board makes every effort to protect the personal information you provide to the Board; however, it may be disclosed in response to a California Public Records Act request as allowed by the Information Practices Act, to another government agency as required by state or federal law or Civil Code section 1798.24, or in response to a court or administrative order, a subpoena, or a search warrant. Name(s), address(es) of record, and places of practice submitted to the Board will be disclosed to the public.