



## X-ray License Replacement Request for DDS

**Non-Refundable Fee (must accompany application.)**

**\$50 for dentists (16 CCR § 1021(k))**

**Reason for Request**

Lost  Destroyed  Stolen  Original Not Received  
 Other, specify \_\_\_\_\_

**For Office Use Only**

Receipt \_\_\_\_\_ RC \_\_\_\_\_

Date Filed \_\_\_\_\_ \$ \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_

RP# \_\_\_\_\_

Name (first, middle, last) \_\_\_\_\_ Telephone \_\_\_\_\_

Name license issued under (if different than above) \_\_\_\_\_

Full address \_\_\_\_\_

Dental License number \_\_\_\_\_ X-ray License number, if known \_\_\_\_\_

Month, day, year original X-ray license was issued \_\_\_\_\_

Name of issuing agency \_\_\_\_\_

I certify under penalty of perjury under the laws of the State of California that the statement(s) and information set forth above are correct, that I will immediately return the license to the Dental Board should said license be found, or report its whereabouts should it become known to me.

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

**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 Karen Fischer, 916-263-2300, in accordance with Business & Professions Code, §1600 et seq. Failure to provide all or any part of the requested information will result in the rejection of the request as incomplete. Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure.