



Dental Board of California
2005 Evergreen Street, Suite 1550, Sacramento, California 95815
P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov



Application for
Additional Dental Office

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

Non-Refundable Filing Fee: \$100 for each additional office

For Office Use Only

Receipt No. _____ ATS# _____

Fee Paid _____ Issue Date _____

Exp. Date _____ Denied _____

Permit number AO _____

Check all applicable

- Individual - Complete pp. 1&3
Dental Corporation - Complete pp. 1, 2 & 3
Transfer in lieu of AO# _____

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 Social Security Number

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. Do you accept legal responsibility and liability for dental services rendered in each of the offices maintained by you? Yes No

5. Are all offices you operate in compliance with Business and Professions Code 1658.1 and all other applicable State and Federal laws? Yes No

6. 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

Give the addresses of all proposed additional place(s) of practice in California in which you hold any proprietary interest whatsoever, or in which you have any legal right to participate in the management or control.

_____	_____	,CA	_____
Street and Suite Number	City		Zip Code
_____	_____	,CA	_____
Street and Suite Number	City		Zip Code
_____	_____	,CA	_____
Street and Suite Number	City		Zip Code
_____	_____	,CA	_____
Street and Suite Number	City		Zip Code
_____	_____	,CA	_____
Street and Suite Number	City		Zip Code
_____	_____	,CA	_____
Street and Suite Number	City		Zip Code
_____	_____	,CA	_____
Street and Suite Number	City		Zip Code
_____	_____	,CA	_____
Street and Suite Number	City		Zip Code
_____	_____	,CA	_____
Street and Suite Number	City		Zip Code

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.

MANDATORY REPORTER Under California law each person licensed by the Dental Board of California is a “mandated reporter” for child abuse or neglect purposes. Prior to commencing his or her employment, as a prerequisite to that employment, all mandated reporters must sign a statement on a form provided to him or her by his or her employer to the effect that he or she has knowledge of the provisions of Section 11166 and will comply with those provisions.

California Penal Code section 11166 requires that all mandated reporters make a report to an agency specified in Penal Code section 11165.9 (generally law enforcement agencies) whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect. The mandated reporter must make a report to the agency immediately or as soon as is practicably possible by telephone, and the mandated reporter must prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

Failure to comply with the requirements of Section 11166 is a misdemeanor, punishable by up to six months in a county jail, by a fine of one thousand dollars (\$1,000) or by both that imprisonment and fine.

For further details about these requirements, consult Penal Code sections 11164, and subsequent sections.