STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.
DENTAL BOARD OF CALIFORNIA
2005 Evergreen Street, Suite 1550, Sacramento, CA 95815
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APPLICATION FOR LAW AND ETHICS (DDS) EXAMINATION

SPECIAL PERMIT APPLICANTS
OR
APPLICANTS WHO PREVIOUSLY PASSED THE RESTORATIVE TECHNIQUE EXAM

For Office Use Only	For Office Use Only
ATS#_____	

(Please type or print neatly)

1. LEGAL NAME: _____
   LAST FIRST MIDDLE

2. ADDRESS _____
   Street City State Zip Code

3. TELEPHONE NUMBER (____)_____ (_____)_____
   Evening Day

4. Do you have a disability or condition that requires special accommodations? YES NO
   If yes, email db_examinations@dca.ca.gov for a "REQUEST FOR ACCOMMODATION" packet.

_____ _____
Date Signature of Applicant