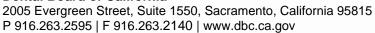


STATE AND CONSUMER SERVICES AGENCY . GOVERNOR EDMUND G. BROWN JR.

Dental Board of California





For Office Use Only:

DENTAL ASSISTING PROGRAM LICENSE CERTIFICATION FORM

\$25.00 FEE REQUIRED For each request				Cashiering No.: Prepared by: Date Mailed:	
Please type or print c	learly in ink	ζ.			
License Type:	RDA	RDAEF	☐ DSA	ОА	License No:
Full Name: Address: City, State, Zip:					
Home Phone:	Work Phone:				
Previous Address: Address you wish the		ion to be sen			
Name:					
Address: City, State, Zip:					
Oity, Otato, Lip.					
DECLARATION: I authlicense to the address		ental Board of	California to	o send a c	ertification of my California
I declare under penalty and correct.	of perjury u	nder the laws	of the State	of Califor	nia that the foregoing is true
This declaration is exec	cuted on the	d	lay of		20
Signature:					

Please allow 30 days for processing.