



Dental Board of California

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



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

Form containing fields for ORI (A0023), Type of Application (License checked), Agency Address (DENTAL BOARD OF CALIFORNIA), Job Title (Registered Dental Assistant EF), Applicant Name, DOB, HT, POB, SOC, Your Number (RDAEF), and Employer information.