



NOTIFICATION OF NAME CHANGE

(B&P 1654, CCR 1012, 1013, 1021)

I hereby certify I am currently licensed to practice as a dentist in the State of California and a holder of license number: _____

Which was issued under the name of:

First Middle Last

I have assumed the name of :

First Middle Last

Based on the following: (check one):

Court Order Marriage Naturalization

Dissolution of Marriage Other (specify) _____

Full Address: _____

Street City, State Zip

Telephone number(s) you can be reached at if needed: _____

There is no fee for a name change unless a replacement pocket or wall license is requested. Please check your requests and submit the appropriate fees:

- New Pocket License \$50
- New Wall Certificate \$50 - Attach original wall certificate

(If not returning original wall certificate, attach proof of Live Scan fingerprinting or submit completed fingerprint cards and an additional \$49 for processing of fingerprint cards.)

I have enclosed a copy of the legal document changing my name. (Required)

I hereby certify under penalty of perjury under the laws of the State of California that the information set forth above and any attachments hereto, is true and correct, that the new name is my legal name, and that the change is not made for fraudulent purposes.

Signature Date