



**LICENSEES REQUEST FOR NAME OR ADDRESS CHANGE**

**Instructions:**

**When there is a name change, documentation must be provided: i.e., copy of marriage certificate, birth certificate, divorce decree or court order.**

**ABOVE DOCUMENTS MUST BE SUBMITTED WITH NAME CHANGE REQUESTS**

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**SECTION I**

1. My reason for making this application is as follows:  
Name Change

\_\_\_\_\_ (Please clearly print how your new name should read)

Address Change

\_\_\_\_\_ (Please clearly print how your new address should read)

**SECTION II**

1. My name in full as it currently appears on the records of The Dental Board of California is \_\_\_\_\_

2. Prior Address: \_\_\_\_\_

3. NEW Address: \_\_\_\_\_

4. Telephone-Home/Cell: ( ) \_\_\_\_\_

5. Date of Birth: \_\_\_\_\_

6. I am the person named and the lawful holder of **license number**: \_\_\_\_\_

RDA  
RDAEF

I HEREBY CERTIFY AND/OR DECLARE UNDER PENALTY OF PERJURY THAT THE FORGOING IS TRUE AND CORRECT.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE