



Request for Duplicate/Replacement License

Cashiering No:

Instructions:

When requesting a duplicate, the original license must be returned. If the original license cannot be returned, please explain why on line 1. When there is a name change, documentation must be provided: i.e., copy of marriage certificate, divorce decree or court order.

In order to process, the above documents must be submitted with this request.

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Section I

1. My reason for making this application is as follows: (If lost, please state so on this line)

Section II

1. My name in full as it appears on the records of The Dental Board of California is _____
2. If name change, your **new** legal name in full as you wish it to appear on the records of the Dental Board of California is: _____
3. Residence Address: _____
4. Telephone- Home: () _____ Work: () _____
5. Date of Birth: _____
6. I am the person named and the lawful holder of **License number**: _____
or must give the Board your **Social Security Number**: _____

I hereby certify and/or declare under penalty of perjury that the forgoing is true and correct.

Signature

Date

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Please mark whether you are requesting a duplicate wall license or duplicate pocket license. Check all that apply.

- Application for substitute Wall Certificate Fee - **\$25.00**
 Application for substitute Pocket License Fee - **\$25.00**
- Registered Dental Assistant
 Registered Dental Assistant Extended Functions