STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DENTAL BOARD OF CALIFORNIA
2005 Evergreen St., Suite 1550, Sacramento, CA 95815
P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov

Request for Certification of California Dental License

Non-Refundable Fee: $50.00
Enclose personal check or money order

For Office Use Only

Amount _____
Receipt _____
File # _____
Received Date _____

Name (first, middle, last) _____
Telephone Number _____ License Number _____
Address to which you wish the certificate sent:

_____
_____
_____

DECLARATION: *I authorize the Dental Board of California to send a certification of my California dental license to the address above.*
Signature _____ Date _____

Complete this section only if exam score is required.

DECLARATION *I authorize the Dental Board of California to disclose the scores from my California dental license examination to the address above within 60 days of the date of my signature.*

Signature _____ Date _____

INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by Dental Board of California, 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, Executive Officer, 916-263-2300, in accordance with Business & Professions Code, §1600 et seq. Failure to provide all or any part of the requested information will result in the rejection of the request as incomplete. Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure.