



DENTAL BOARD OF CALIFORNIA

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DECLARATION AND REQUEST FOR REPLACEMENT POCKET LICENSE OR CERTIFICATE

Please type or print legibly

For Office Use Only:

Amount _____ Receipt _____

File # _____ Date Processed _____

Form with 8 numbered fields: 1. Full Legal Name, 2. License/Permit, 3. Name change info, 4. Issue date, 5. Mailing Address, 6. Date of Birth, 7. Email Address, 8. Telephone Number.

Request for Replacement of: (check appropriate box)

Two checkboxes: Pocket License \$111 - Non-Refundable Fee and Wall Certificate \$111 - Non-Refundable Fee.

I hereby request replacement of my wall certificate or pocket license for the following reason(s):

Reason for Request: (check appropriate box)

Three checkboxes: Lost/Original Not Received, Stolen, Mutilated/Destroyed.

Checkbox: My Name Changed (per 16 CCR section 1013). Please issue me a replacement pocket license or wall certificate, as requested above, in the name listed in Box 1 of this form.

I certify under penalty of perjury under the laws of the State of California that all of the information provided on this form is true and correct and that I am the person named on the license or permit stated above.

Signature _____ Date _____

INFORMATION COLLECTION AND ACCESS

This completed form, including all applicable fees, must be submitted to the Dental Board of California (Board) as required by Title 16, California Code of Regulations (16 CCR) sections 1012 and 1021 or your application will not be processed (16 CCR section 1004).