



**DENTAL BOARD OF CALIFORNIA**

2005 Evergreen St., Suite 1550, Sacramento, CA 95815

P (916) 263-2300 | F (916) 263-2140 | [www.dbc.ca.gov](http://www.dbc.ca.gov)



## Cancellation of Permit

**Instructions:** Return the permit with this form to the Dental Board. Permits are audited documents, and must be returned whenever possible. If you are unable to locate the original permit, complete the boxed section below.

Permit Number \_\_\_\_\_ Issue Date \_\_\_\_\_

Dental License Number \_\_\_\_\_ Daytime Telephone \_\_\_\_\_

At this time I am not able to locate the original Permit because it was:

☐ Lost

☐ Destroyed

☐ Stolen

Under these circumstances: \_\_\_\_\_

My signature below is my guarantee that if the permit should ever be located, I will  
Immediately return it to the Board.

I hereby certify under the penalty of perjury under the laws of the State of California that the information set forth above is correct.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_