



DENTAL BOARD OF CALIFORNIA

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Fictitious Name Permit Disassociation Form

Instructions: This form must only be completed if there are 2 or more dentists who have held ownership in the practice.

NOTE: This form must be completed within 30 days of departure. If the departing dentist's name is the dentist whose family name was used for the fictitious name of the permit, please complete pages 1 and 2.

FNP Number: _____

Issue Date: _____

Dental License Number: _____

Daytime Telephone: _____

Registered Fictitious Name: _____

Address: _____
Street City State Zip Code

I hereby certify that as of the date of _____ I am no longer associated with the office using the above fictitious name.

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

Printed Name: _____

Signature

Date

Fictitious Name Change through Disassociation Form

Complete the below portion **ONLY** if the registered fictitious name above contains the disassociating dentist(s) name. **Pursuant to Business and Professions Code (BPC) section 1701.5 (i) name changes for Fictitious Name Permits can only be done if the name of the dentist that is departing was included in the fictitious name.** Any additional changes in status or location of the permit will require the permit to be *cancelled*, and the filing of a new Fictitious Name Permit.

NEW registered Fictitious name _____

List all dentist(s) who have ownership in the practice associated with this application.

[illegible]