



**Dental Board of California**

2005 Evergreen Street, Suite 1550, Sacramento, California 95815  
 P (916) 263-2300 | F (916) 274-5970 | www.dbc.ca.gov



**ORAL & MAXILLOFACIAL  
 SURGERY PERMIT APPLICATION**

Business & Professions Code 1638-1683.5

**NON-REFUNDABLE FILING FEES**

**Application Fee: \$500**

**Fingerprint Fee: \$49** (If fingerprint cards are submitted)

Office Use Only	
Receipt No. _____	File# _____
Fee Paid _____	Initials _____
OMS Permit # _____	Issued _____
Exp. Date _____	

Full Name: Last                      First                      Middle			SSN/FEIN/ITIN #:	
Address of Record (for mailing):				
Birthdate (MM/DD/YYYY):		Telephone Number:		Email Address:
California Medical License # (required)		Date Issued:	Has Discipline been taken against this license? Yes                      No	
Dental License Number:			State(s) of Issuance:	
Has discipline been taken against license(s) or has license been surrendered with disciplinary charges pending?				
<p>Have you ever been convicted of any offense, misdemeanor, or felony in any state, federal jurisdiction, or a foreign country? You must report ANY misdemeanor or felony convictions, as well as infractions specified in § 19.8 of the Penal Code. You must report these offenses even if by pleas of nolo contendere (no contest), irrespective of a subsequent order that expunges the criminal record under the provisions of § 1203.4 of the Penal Code. This section requires you to report any conviction to any state or local licensing agency even if the conviction is dismissed under the provisions of this section. Falsely answering no to this question may result in the denial of your application or subjecting your license to discipline pursuant to § 480(c) of the Business &amp; Professions Code.</p>				
			Yes                      No	
<b>Certification - I certify under the penalty of perjury, under the law of the State of California that the information in this application and any attachments are true and correct.</b>				
_____ <b>Applicant Signature</b>			_____ <b>Date</b>	

**Note:** See OMS Information for documents required to be submitted with this application.

INFORMATION COLLECTION AND ACCESS
<p>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 &amp; Professions Code, §1600 et seq. Except for Social Security numbers, the information requested will be used to determine eligibility. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Disclosure of your Social Security number is mandatory and collection is authorized by §30 of the Business &amp; Professions Code and Pub. L 94-455 (42 U.S.C.A. 405(c)(2)(C)). Your Social Security number will be used exclusively for tax enforcement purposes, for compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination board, and where licensing is reciprocal with the requesting state. If you fail to disclose your Social Security number, you may be reported to the Franchise Tax Board and be assessed a penalty of \$100. Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. Applicants are advised that the names(s) and address(es) submitted may, under limited circumstances, be made public.</p>