STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.
Dental Board of California
2005 Evergreen Street, Suite 1550, Sacramento, California 95815
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OUT-OF-STATE/COUNTRY LICENSE CERTIFICATION

INSTRUCTIONS TO APPLICANT: Complete top portion of form. Submit to any State or Country in which you have been licensed regardless of the status of license. Completed forms should be submitted with your application.

(Please type or print neatly)

1. Name _____ (Last) _____ (First) _____ (Middle)

2. Address _____ (City) _____ (State) _____ (Zip Code)

3. Birthdate _____ (MM/DD/YYYY) 4. Sex ☐Female ☐Male _____ (Licensing Agency)

TO BE COMPLETED BY LICENSING AGENCY:

I certify that _____ (Name of Applicant), who graduated from _____ (Name of Dental School) on _____ (Date of Graduation), was granted license number _____ on _____ (Date License Issued), in the State/country of _____ (State/Country), on the basis of _____ (RECIPROCITY, NATIONAL BOARD EXAM, LICENSING AGENCY EXAM) and the license expires on _____ (MM/DD/YYYY).

I certify that such license is currently in good standing; and that no disciplinary action is pending or has been taken against the license.

NOTE: if any portion of the above certification is deleted or modified, please attach explanation.

_____ Type or Print Name and Title of Agency Official

_____ Name of Licensing Agency

_____ Signature of Agency Official

_____ Street Address

[SEAL]

_____ City State Zip

_____ DATE

_____ Telephone Number

33A-20 (revised 7/09)