



DENTAL BOARD OF CALIFORNIA

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

P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov



DENTAL ASSISTING PROGRAM LICENSE CERTIFICATION REQUEST

**\$50.00 FEE REQUIRED PER EACH REQUEST
FEE IS NON-REFUNDABLE**

Make check or money order payable to: Dental Board of California
Allow 30 days for processing.

For Office Use Only:

Receipt No.: _____
Fee Paid: \$ _____
Completed by: _____
Date Mailed: _____

PLEASE TYPE OR PRINT CLEARLY IN INK. Be sure to provide all information requested.

| | | | | | |
|------------------------|------------------------------|--------------------------------|---------------------------------|-----------------------------|--------------|
| License Type: | <input type="checkbox"/> RDA | <input type="checkbox"/> RDAEF | <input type="checkbox"/> DSA | <input type="checkbox"/> OA | License No.: |
| Last: | First: | | (Full) Middle | | |
| Your Address: | | | | | |
| City: | | | | State: | Zip Code: |
| Business Phone Number: | | | Residence or Cell Phone Number: | | |

IF A NAME AND/ OR ADDRESS CHANGE IS REQUIRED, A [NAME CHANGE REQUEST FORM](#) AND/ OR AN [ADDRESS CHANGE FORM](#) MUST BE COMPLETED AND ATTACHED WITH THIS REQUEST. REFER TO EACH FORM FOR REQUIRED INFORMATION AND DOCUMENTS.

ADDRESS WHERE CERTIFICATION IS TO BE SENT:

| | | |
|-----------------|--------|-----------|
| Name or Agency: | | |
| Address: | | |
| City: | State: | Zip Code: |

DECLARATION: I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct; that I am the person named and lawful holder of license stated above.

This declaration is executed on the _____ day of _____ 20_____.

Signature: _____

INFORMATION COLLECTION AND ACCESS

Agency requesting information: Department of Consumer Affairs, Dental Board of California, 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815 (916) 263-2300. The information in this application is mandatory and is maintained by the Executive Officer in accordance with the Business and Professions Code, Division 2, Chapter 4, Section 1600 et seq. The information requested will be used to issue a certification of a license. Failure to provide all or any part of the requested information may result in the application being rejected as incomplete. Any known or foreseeable interagency or intergovernmental transfers, which may be made of the information, when necessary, are other federal, state and local law enforcement agencies. Each individual has the right to review personal information maintained on that person by the agency, unless the records are exempt from disclosure.