



DENTAL BOARD OF CALIFORNIA

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

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

DECLARATION AND REQUEST FOR REPLACEMENT POCKET LICENSE OR CERTIFICATE FOR REGISTERED DENTAL ASSISTANTS, REGISTERED DENTAL ASSISTANTS IN EXTENDED FUNCTIONS, ORTHODONTIC ASSISTANTS, AND DENTAL SEDATION ASSISTANTS

Please type or print legibly

For Office Use Only:

Amount _____ Receipt _____

File # _____ Date Processed _____

1. Full Legal Name: Last First Middle Suffix (if any):	2. License/Permit: Type and Number
3. For applicants seeking replacement due to name change: Name license was originally issued under (if different from above)	4. Date original license/permit was issued (MM,DD,YR)
5. Mailing Address:	6. Date of Birth:
7. Email Address (if any):	8. Telephone Number:

Request for Replacement of: (check appropriate box)

<input type="checkbox"/> Pocket License \$50 - Non-Refundable Fee	<input type="checkbox"/> Wall Certificate \$50 - Non-Refundable Fee
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I hereby request replacement of my wall certificate or pocket license for the following reason(s):

Reason for Request: (check appropriate box)

<input type="checkbox"/> Lost/Original Not Received	<input type="checkbox"/> Stolen	<input type="checkbox"/> Mutilated/Destroyed
<input type="checkbox"/> My Name Changed (per 16 CCR section 1013). Please issue me a replacement pocket license or wall certificate, as requested above, in the name listed in Box 1 of this form.		

I certify under penalty of perjury under the laws of the State of California that all of the information provided on this form is true and correct and that I am the person named on the license or permit stated above.

Signature **Date**

INFORMATION COLLECTION AND ACCESS

This completed form, including all applicable fees, must be submitted to the Dental Board of California (Board) as required by Title 16, California Code of Regulations (16 CCR) sections 1012 and 1021 or your application will not be processed (16 CCR section 1004). The information requested on this form is mandatory and will be used to determine eligibility for issuance of a replacement pocket license or wall certificate. The information may be provided to other governmental agencies, or in response to a court order, subpoena, or public records request. You have a right of access to records containing personal information unless the records are exempted from disclosure pursuant to Civil Code section 1798.40. Individuals may obtain information regarding the location of their records by contacting the Board's Executive Officer at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, Executive Officer, 916-263-2300.