



DENTAL ASSISTING PROGRAM LICENSE/PERMIT ADDRESS CHANGE

Business and Professions Code, §§ 136, 1650.1

For Office Use Only:
Completed by: _____
Date completed: _____

DO NOT FAX

ORIGINAL SIGNATURE REQUIRED Dental Auxiliaries may change their address and email [online](#).

Allow 30 days for processing

IF A REPLACEMENT LICENSE OR PERMIT IS REQUIRED A [LICENSE REPLACEMENT REQUEST FORM](#) MUST BE COMPLETED AND ATTACHED WITH THIS REQUEST. PLEASE SEE LICENSE REPLACEMENT REQUEST FORM FOR REQUIRED FEE.

PLEASE PRINT ALL INFORMATION CLEARLY.

License/Permit Type		License/Permit Number	
Last	First	(FULL) Middle	

PREVIOUS ADDRESS OF RECORD:

Address			
City	State	Zip	Country

PLEASE CHANGE MY ADDRESS OF RECORD TO:

Address			
City	State	Zip	Country

Providing your telephone number and email address is for the Dental Board's internal use only for contacting licensees and permit holders. This information will not be released to the public nor will it be displayed online.

TELEPHONE NUMBER: (PLEASE INCLUDE AREA CODE)

EMAIL ADDRESS: Per Business and Professions Code 1650.1, email address are now required by law if you have a an email address.

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

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

Signature: _____

INFORMATION COLLECTION AND ACCESS

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 & Professions Code, §136 and 1650.1. Disclosure of your personal information on this form is mandatory and collection is authorized by §136 and 1650.1of the Business & Professions Code. Your personal information will be used for compliance with licensing requirements in the Dental Practice Act. If you fail to disclose this information your application will be rejected as incomplete and noncompliant with the Dental Practice Act's reporting and registration requirements (§1600 et seq. of the Business and Professions Code) and may subject you to enforcement action by the Board. 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 name(s) and address(s) submitted may, under limited circumstances, be made public.