



Dental Board of California

2005 Evergreen Street, Suite 1550, Sacramento, California 95815
P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov



DENTAL ASSISTING PROGRAM LICENSE/PERMIT REPLACEMENT 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:	
Cashiering No.:	_____
Fee Paid: \$	_____
Completed by:	_____
Date Completed:	_____

Dental Auxiliaries may request for a replacement license and/or permit [online](#).

PLEASE PRINT ALL INFORMATION CLEARLY.

License Type:	<input type="checkbox"/> RDA	<input type="checkbox"/> RDAEF	<input type="checkbox"/> DSA	<input type="checkbox"/> OA	License No.:
Last:	First:		(FULL) Middle:		
Address:					
City:		State:	Zip:	Country:	
Telephone Number:			Email Address:		

IF MAKING A NAME AND/ OR ADDRESS CHANGE, 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.

REASON FOR REQUEST: Original license must be returned, unless Lost, Destroyed, Stolen or Not received – Check box(s) below that applies:

- Lost Destroyed Stolen Original Not Received
- Name Change
(Required form & documents must be attached) Address Change
(Required form must be attached)

Updating RDA license with completed course (Certificate of course completion required with this request):

- Coronal Polishing Radiation Safety Pit and Fissure Sealants Ultrasonic Scaling
- Other, specify: _____

Check box below for requesting a replacement wall certificate and/or replacement pocket license.

- Wall Certificate Fee: \$50.00**
- Pocket License Fee: \$50.00**

DECLARATION: I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct; that I will immediately return the license to the Dental Board should said license/permit be found, or report its whereabouts should it become known to me; 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: _____