STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
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/PERMIT REPLACEMENT REQUEST

For Office Use Only:
Cashiering No.: _____
Fee Paid: $ _____
Completed by: _____
Date Completed: _____

$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

Dental Auxiliaries may request for a replacement license and/or permit online.

PLEASE PRINT ALL INFORMATION CLEARLY.

License Type:	☐ RDA	☐ RDAEF	☐ DSA	☐ 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: _____