



DENTAL ASSISTING PROGRAM REQUEST FOR REPLACEMENT OF RADIATION SAFETY CERTIFICATE

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

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

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

- If licensed as an RDA with this Board, the social security and date of birth are not required below.
- If not licensed as an RDA with this Board, provide all information requested below.

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

Last:	First:	(Full) Middle:	
Name issued under if different from above: Last:	First:	(Full) Middle:	
RDA License Number:	Radiation Safety Certificate Number, if known:		
Name of Radiation Safety Provider:	Date Radiation Safety Certificate Issued:		
SSN/FEIN/ITIN #:	Date of Birth:		
Your Address:			
City:		State:	Zip Code:
Business Phone Number:		Residence or Cell Phone Number:	

ADDRESS WHERE REPLACEMENT CERIFICATE 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 will immediately return the license to the Dental Board should said license be found, or report its whereabouts should it become known to me; 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 replacement certificate 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.