



DENTAL BOARD OF CALIFORNIA

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Intra-County Address Change Form for Additional Dental Office

Complete the section below only if you are transferring your registered Additional Office Permit to a new location **within the same county**. According to **Business and Professions Code (BPC) Section 1658.5**, transferring the location of an additional office to a new site within the same county will not be considered the establishment of a new additional office. However, any additional changes in status or a change in location to an outside county will require the cancellation of the existing permit and the submission of a new Additional Office Permit.

Additional Office Permit Number: _____ Issue Date: _____

Dental License Number: _____ Daytime Telephone: _____

Email Address: _____

Registered Practice Address:

Street City State Zip Code

New Proposed Practice Address:

Street City State Zip Code

I hereby certify that the Additional Office is no longer practicing at the above registered practice address as of _____

I hereby certify under penalty of perjury under the laws of the State of California that the information set forth above is correct.

Printed Name: _____

Signature

Date