



Application for Additional Dental Office

Business and Professions Code 1658 et seq.
Title 16 CCR 1045-1048, 1057

NEW APPLICATION
Submit standard fee of \$350
Filing Fee is Non-Refundable

UPDATE FOR PENDING APPLICATION
FILE # _____

Select one box:

- Individual – Complete page 1
- Dental Corporation – Complete pages 1 & 2

For Office Use Only	
Receipt No. _____	Entity # _____
Amount Paid _____	Date _____
Exp. Date _____	Issue Date _____
Permit Number AO _____	

Any omissions or inaccuracies are grounds for denial and may result in discipline B&P Code 1701 (a) (5) or other applicable provisions of the law.

INDIVIDUAL APPLICATION – print or type

1. _____
Full Name License Number SSN/FEIN/ITIN #
2. The address of your primary place of practice is:

Street and Suite Number City State Zip Code
3. The address of your new additional office is:

Street and Suite Number City State Zip Code
4. _____ Telephone Number
5. _____ Email Address
6. Do you accept legal responsibility and liability for dental services rendered in each of the offices maintained by you? Yes No
7. Are all offices you operate in compliance with Business and Professions Code 1658.1 and all other applicable State and Federal laws? Yes No
8. Have you posted, in a visible area to patients, a sign with your name, mailing address, telephone number, and dental license number? Yes No

CERTIFICATION

I certify under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

Date

Signature



CORPORATION APPLICATION – PRINT OR TYPE

Shareholders

Full Name	Dental License Number	SSN/FEIN/ITIN #

DECLARATION – Must be executed by an officer who is a licensed dentist.

I am an officer of _____
Name of Corporation

And as such make this declaration for and on behalf of said corporation. I have the foregoing application and all attachments thereto, and know the contents thereof, and the same are true for my own knowledge. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Any false statement willfully made in the application may result in discipline or criminal liability under Business and Professions Code 1701 (e), or other applicable provisions of the law.

Executed at _____, California on this _____ Day of _____ 20 _____

By _____
Type or print name Title License Number

Signature



INFORMATION COLLECTION AND ACCESS

All items in this application are mandatory. Failure to provide any of the requested information will delay the processing of your application and will result in the application being rejected as incomplete.

The information provided will be used to determine your eligibility for licensure per sections 1628, 1628.5, 1629 and 1632 of the California Business and Professions Code (BPC) and Title 16, California Code of Regulations section 1028, which authorizes the collection of this information.

The information on your application may be transferred to other governmental or law enforcement agencies to perform their statutory or constitutional duties, or otherwise transferred or disclosed as provided in California Civil Code section 1798.24. Disclosure of either your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) is mandatory, and collection is authorized by BPC section 30 and 42 U.S.C.A. § 405(c)(2)(C). Your SSN or ITIN will be used exclusively for tax enforcement purposes, for compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination board, and where licensing is reciprocal with the requesting state.

You have the right to review your application and your files except information that is exempt from disclosure as provided in the California Public Records Act (Gov. Code, §§ 7920.000 and following) or as otherwise provided by Civil Code section 1798.40 of the California Information Practices Act (Civ. Code, §§ 1798 and following).

Information provided on this application may be disclosed to a member of the public, upon request, under the California Public Records Act or pursuant to court order, subpoena, or search warrant. The address of record you list on this application is a public record and will be disclosed on the Board's website and otherwise be made available to the public if and when you become licensed. Individuals using a P.O. Box as their address of record are required to provide a physical (street) address to the Board that will not be disclosed to the public pursuant to a public records request or posted on the Board's website.

The Executive Officer is responsible for maintaining the information collected on this application form and may be contacted at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, telephone number (916) 263-2300 regarding questions about this notice or access to records.

The Board is required to notify you that under BPC sections 31 and 494.5, the State California Department of Tax and Fee Administration (CDTFA) and the Franchise Tax Board (FTB) may share taxpayer information with this Board. You are required to pay your state tax obligation. This application may be denied, or your license may be suspended if you have a state tax obligation, the state tax obligation is not paid, and your name appears on the CDTFA or FTB certified list of 500 largest tax delinquencies.