



APPLICATION TO INACTIVATE LICENSE

APPLICATION TO ACTIVATE LICENSE

Bus. & Prof. Code 462, 700-704, Title 16 CCR 1017.1

For Office Use Only
Approved—date notified _____
Disapproved—date notified _____

Please type or print legibly

Name of Licensee _____

Address _____

Birthdate _____ License Number _____

I wish to inactivate my _____ License. I understand that I must continue to pay the board the required biennial license renewal fee; however, I need not comply with the continuing education requirement. Prior to reactivating my license, I will complete the required continuing education.

I wish to activate my _____ License. I inactivated my license on _____ . Attached to this request is evidence that I have completed the required number of approved continuing education courses within the last two years preceding this application, as required by the Dental Practice Act.

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

Signature

Date

INFORMATION COLLECTION AND ACCESS The information requested herein is mandatory and is maintained by Dental Board of California, 2005 Evergreen Street, Suite 1550, Sacramento CA. 95815, Executive Officer, 916-263-2300, in accordance with Business & Professions Code, §1600 et seq. Except for Social Security numbers, the information requested will be used to determine eligibility. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Disclosure of your Social Security number is mandatory and collection is authorized by §30 of the Business & Professions Code and Pub. L 94-455 (42 U.S.C.A. §405(c)(2)(C)). Your Social Security number 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. If you fail to disclose your Social Security number, you may be reported to the Franchise Tax Board and be assessed a penalty of \$100. Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. Applicants are advised that the names(s) and address(es) submitted may, under limited circumstances, be made public.