

**DENTAL BOARD OF CALIFORNIA**

2005 Evergreen St., Suite 1550, Sacramento, CA 95815

P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov**Application for Reduced Dental License Renewal Fee**
(Business and Professions Code, § 1716.1; 16 CCR § 1021(g))

Name of Licensee

Date

Address of Record

License Number

Expiration Date

Date of Birth

In accordance with Business and Professions Code (BPC) section 1716.1, to qualify for a reduced renewal fee, the licensee must have practiced dentistry for 20 years or more in California, reached the age of retirement under the federal Social Security Act (42 U.S.C. Sec 301 et seq.), and customarily provide dental services free of charge to any person, organization, or agency. In the event that charges are made, these charges shall be nominal. In no event shall the aggregate of these charges in any single calendar year be in an amount that would render you ineligible for full social security benefits.

Note: If you intend to offer dental services, you must comply with the continuing education requirement. If you do not plan to offer dental services, you may submit a completed Application to Inactivate/Activate Licensee to put your license in an inactive status and be exempt from the continuing education requirement. (16 CCR § 1017.2(A).) Inactive licensees may not practice dentistry in California. The holder of an inactive license shall continue to pay to the Board the required biennial renewal fee. (16 CCR § 1017.2(c).) If you decide to activate your dental license in the future, you must submit a completed Application to Inactivate/Activate License. (16 CCR § 1017.2(b).) As a condition of renewal, all licensees are required to complete continuing education as required by BPC section 1645 and California Code of Regulations, title 16, section 1017.

I hereby certify that I have practiced dentistry for 20 years or more in this state, reached the age of retirement under the federal Social Security Act (42 U.S.C. Sec. 301 et seq.), and customarily provides dental services free of charge to any person, organization, or agency. In the event that charges are made, these charges are nominal. In no event does the aggregate of these charges in any single calendar year equal an amount that would render me ineligible for full social security benefits.

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

Your Signature

Date

INFORMATION COLLECTION AND ACCESS The information requested herein is mandatory and is maintained by the Dental Board of California, 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, Executive Officer, 916-263-2300, in accordance with Business and Professions Code section 1600 et seq. Collection of the information requested will be used to determine eligibility for a reduced renewal fee pursuant to BPC section 1017.2. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Each individual has the right to review the personal information maintained by the Board unless the records are exempt from disclosure by the Information Practices Act, including Civil Code section 1798.40. The Board makes every effort to protect the personal information you provide to the Board; however, it may be disclosed in response to a California Public Records Act request as allowed by the Information Practices Act, to another government agency as required by state or federal law or Civil Code section 1798.24, or in response to a court or administrative order, a subpoena, or a search warrant. Your names(s) and address(es) of record and places of practice submitted will be disclosed to the public.