



Letter of Disassociation for a Fictitious Name Permit

Registered Fictitious name _____

Address: _____

Street Address City State Zip

FNP Number _____ Issue Date _____

Dental License Number _____ Daytime Telephone _____

I hereby certify that as of the date of _____ I am no longer associated with the office using the above fictitious name. I do not or plan to use it at my current place of practice.

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