

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR **DENTAL BOARD OF CALIFORNIA**2005 Evergreen St., Suite 1550, Sacramento, CA 95815 P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov

OUT-OF-STATE/COUNTRY LICENSE CERTIFICATION LBC APPLICANTS ONLY

INSTRUCTIONS TO APPLICANT: Complete top portion of form. Submit to any State or Country in which you have been licensed regardless of the status of license. Completed forms should be submitted with your application.

type or print neatly)				
1. Name				
	Last		First	Middle
2. Address				
Z. Address	City	_	State	Zip Code
				•
3. Birthdate	M/DD/YYYY 4. Sex	∐Female	∐Male	Licensing Agency
IVIIV				Licensing Agency
TO DE COMPLETE	D DV LIGENOING AGE	101/-		
TO BE COMPLETE	D BY LICENSING AGE	NCY:		
I certify that	Name			, who graduated from
	Name	of Applicant		
		on		, was granted
Name of	Dental School		Date of Graduation	, was granted າ
license number		on		in the
			Date License Iss	ued , in the
State/country of	State/Country	$_$, on the ba	sis of	TY, NATIONAL BOARD EXAM
	State/Country			IY, NATIONAL BOARD EXAN NSING AGENCY EXAM
and the license expir	es on	<u> </u>		
	MIM/UU/YYYY			
I certify that such lice	ense is currently in good	standing; and	that no disciplinary a	ction is pending or has been ta
against the license.		-		
NOTE: if any portion	of the above certification	n is deleted o	r modified inlease atta	ch explanation
TVOTE: II dilly portion	or the above confined to	ii io deleted e	modifica, piedoe dita	on explanation.
Town District N		Official	N	
Type or Print Na	ame and Title of Agency	Official	Name of	Licensing Agency
Signature of Agency Official			Street Address	
	[SEAL]			
			C	ity State Zip
DATE			Telephone Number	