



DENTAL BOARD OF CALIFORNIA

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

P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov



Dental Assisting Program Request for Letter of License Certification

For Office Use Only:

Receipt No.: \_\_\_\_\_

Fee Paid: \$ \_\_\_\_\_

Completed by: \_\_\_\_\_

Date Mailed: \_\_\_\_\_

\$50.00 FEE REQUIRED PER LETTER REQUESTED
FEE IS NON-REFUNDABLE AND NON-TRANSFERABLE

Make check or money order payable to:
Dental Board of California. Allow 30 days for processing.

PLEASE TYPE OR PRINT CLEARLY IN INK. Be sure to provide all information requested.

Form with fields for License Type (RDA, RDAEF, DSA, OA), License No., Last, First, (Full) Middle, Email Address, and Telephone Number.

ADDRESS WHERE LETTER OF CERTIFICATION IS TO BE SENT (Mail Only):

Form with fields for Name or Agency, Address, City, State, and Zip Code.

DECLARATION: I authorize the Dental Board of California to disclose the scores from my California dental license examination to the address above.

Signature

Date:

INFORMATION COLLECTION AND ACCESS

This completed form, including all applicable fees, must be submitted to the Dental Board of California (Board) as required by Title 16, California Code of Regulations (16 CCR) sections 1022 or your application will not be processed (16 CCR section 1004). The information requested on this form is mandatory and will be used to determine eligibility for issuance of a license certification. The information may be provided to other governmental agencies, or in response to a court order, subpoena, or public records request. You have a right of access to records containing personal information unless the records are exempted from disclosure pursuant to Civil Code section 1798.40. Individuals may obtain information regarding the location of their records by contacting the Board's Executive Officer at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, Executive Officer, 916-263-2300.