



Declaration and Request for Replacement License

Title 16 California Code of Regulations 1012 & 1021

For Office Use Only

Amount _____
Receipt _____
File # _____
Date Processed _____

Request for Replacement of:

Pocket License \$50 - Non-Refundable

Wall Certificate \$50 - Non-Refundable

If not returning original wall certificate, attach proof of Live Scan fingerprint **or** submit completed fingerprint cards and an additional \$49 for processing of fingerprint cards.

Reason for Request: (check appropriate box)

- Lost
 Stolen
 Destroyed
 Original not received
 Other _____

Full Name (first, middle, last) _____

Full Address _____

License Number _____ Date original license was issued (M,D,YR) _____

Name license was issued under (if different from above) _____

SSN/FEIN/ITIN # _____ Telephone Number _____

State circumstances for replacement:

I certify under penalty of perjury under the laws of the State of California that the statements and information set forth above are correct; that I will immediately return the license or certificate to the Dental Board of California should said license or certificate be found, or I will report its location should it become known to me.

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.