STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

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

X-ray License Replacement Request for DDS

For Office Use Only
Receipt _____ RC _____
Date Filed _____ $ _____
Approved _____ Denied _____
RP# _____

Non-Refundable Fee (must accompany application.)

- ❑ **$50 for dentists (16 CCR § 1021(k))**

Reason for Request
☐ Lost ☐ Destroyed ☐ Stolen ☐ Original Not Received
☐ Other, specify _____

Name (first, middle, last)_____ Telephone _____

Name license issued under (if different than above) _____

Full address _____

Dental License number _____ X-ray License number, if known_____

Month, day, year original X-ray license was issued _____

Name of issuing agency _____

I certify under penalty of perjury under the laws of the State of California that the statement(s) and information set forth above are correct, that I will immediately return the license to the Dental Board should said license be found, or report its whereabouts 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 Karen Fischer, 916-263-2300, in accordance with Business & Professions Code, §1600 et seq. Failure to provide all or any part of the requested information will result in the rejection of the request as incomplete. Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure.