

**Application for Mobile Dental
Clinic Permit for Property and Casualty
Insurer**

Business and Professions Code 1657 (e) and
California Code of Regulations title 16, section
1049.

☐ NEW APPLICATION
Submit a standard fee of \$100.

Filing Fee is Non-Refundable

☐ UPDATE FOR PENDING APPLICATION
FILE # _____

For Office Use Only

Receipt No. _____	Entity # _____
Amount Paid _____	Date _____
Exp. Date _____	Issue Date _____
Permit Number MDC _____	

Property and Casualty Insurer (Complete this section **only** if a Property and Casualty Insurer is registering a mobile dental clinic as a **temporary substitute site** per Business and Professions Code 1657 (e)).

1. Date the office became unusable: _____	2. Insurance policy number related to this claim: _____
3. Brief description of the event that caused the original office to become unusable: (e.g., fire, earthquake, structural damage, etc.) _____ _____ _____ _____	
4. Name of Insurance Company: _____	
5. Business Address of Insurer: <div>CA.</div> <div>Number and Street _____ Zip _____</div>	

6. Temporary Business or Mailing Address for Mobile Dental Clinic:	
Number and Street	CA. Zip

7. Contact Phone Number: () -	8. Email Address:
9. Dentist's Name and Dental License Number: 10. SSN/FEIN/ITIN #:	

1. Does the temporary mobile dental clinic provided by the insurer have a written procedure for emergency follow-up care? The procedure should include arrangements for treatment in a dental facility that is permanently established in the area. **Submit the attached procedure.**

Yes ☐ No ☐

2. Does the Mobile Dental clinic have communication facilities that will enable the operator to contact necessary parties in the event of a medical/dental emergency? **Submit the attached procedure.**

Yes ☐ No ☐

3. Are you certifying that the Mobile Dental Clinic conforms to all applicable federal, state, and local laws dealing with radiographic equipment, flammability, construction, sanitation, and zoning, and possesses all applicable county and city licenses or permits to operate a Mobile Dental Clinic?

Yes ☐ No ☐

4. Are you certifying that the Mobile Dental Clinic has the following:

- | | | |
|--|------------------------------|-----------------------------|
| • An access ramp or lift if services are provided to disabled persons? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • An adequate, properly functioning sterilization system? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Access to an adequate supply of potable water, including hot water? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Ready access to toilet facilities? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • A covered galvanized, stainless steel, or other non-corrosive metal container for deposit of refuse and waste materials? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |



5. What is the proposed service(s) that will be provided?

6. What are the expected hours and days of operation for the clinic?

Hours: _____ Days: _____

7. What is the proposed area(s) where the clinic will provide services?

Address Locations: _____

8. What is the type and manufacturer of the mobile unit you are intending to operate?

9. Provide a copy of the driver of the units' valid California driver's license.

- Name of the driver: _____
- Driver's License number: _____
- Attach a copy of the vehicle's Insurance information.
- Attach a copy of the driver's license.

Property and Casualty Insurer Applicant Certification

The company named herein is the insurer for a Mobile Dental Clinic permit; as the authorizing official of said company, I have carefully read the questions in the foregoing application, and have answered them truthfully, fully, and completely.

I certify that this mobile dental clinic meets all requirements under BPC 1657.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Printed Name

Title

Signature

Date

INFORMATION COLLECTION AND ACCESS

All items in this application are mandatory.

Failure to provide any of the requested information will delay the processing of your application and will result in the application being rejected as incomplete.

The information provided will be used to determine your eligibility for licensure per sections 1628, 1628.5, 1629 and 1632 of the California Business and Professions Code (BPC) and Title 16, California Code of Regulations section 1028, which authorizes the collection of this information.

The information on your application may be transferred to other governmental or law enforcement agencies to perform their statutory or constitutional duties, or otherwise transferred or disclosed as provided in California Civil Code section 1798.24. Disclosure of either your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) is mandatory, and collection is authorized by BPC section 30 and 42 U.S.C.A. § 405(c)(2)(C). Your SSN or ITIN 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.

You have the right to review your application and your files except information that is exempt from disclosure as provided in the California Public Records Act (Gov. Code, §§ 7920.000 and following) or as otherwise provided by Civil Code section 1798.40 of the California Information Practices Act (Civ. Code, §§ 1798 and following).

Information provided on this application may be disclosed to a member of the public, upon request, under the California Public Records Act or pursuant to court order, subpoena, or search warrant. The address of record you list on this application is a public record and will be disclosed on the Board's website and otherwise be made available to the public if and when you become licensed. Individuals using a P.O. Box as their address of record are required to provide a physical (street) address to the Board that will not be disclosed to the public pursuant to a public records request or posted on the Board's website.

The Executive Officer is responsible for maintaining the information collected on this application form and may be contacted at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, telephone number (916) 263-2300 regarding questions about this notice or access to records.

The Board is required to notify you that under BPC sections 31 and 494.5, the State California Department of Tax and Fee Administration (CDTFA) and the Franchise Tax Board (FTB) may share taxpayer information with this Board. You are required to pay your state tax obligation. This application may be denied, or your license may be suspended if you have a state tax obligation, the state tax obligation is not paid, and your name appears on the CDTFA or FTB certified list of 500 largest tax delinquencies.