



LICENSEES REQUEST FOR NAME OR ADDRESS CHANGE

Instructions:

When there is a name change, documentation must be provided: i.e., copy of marriage certificate, birth certificate, divorce decree or court order.

ABOVE DOCUMENTS MUST BE SUBMITTED WITH NAME CHANGE REQUESTS

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SECTION I

1. My reason for making this application is as follows:

Name Change

_____ (Please clearly print how your new name should read)

Address Change

_____ (Please clearly print how your new address should read)

SECTION II

1. My name in full as it currently appears on the records of The Dental Board of California is _____

2. Prior Address: _____

3. NEW Address: _____

4. Telephone-Home/Cell: () _____

5. Date of Birth: _____

6. I am the person named and the lawful holder of **license number**: _____

RDA
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I HEREBY CERTIFY AND/OR DECLARE UNDER PENALTY OF PERJURY THAT THE FORGOING IS TRUE AND CORRECT.

SIGNATURE

DATE