



COMMITTEE ON DENTAL AUXILIARIES
THE DENTAL BOARD OF CALIFORNIA
2005 EVERGREEN STREET, SUITE 1050, SACRAMENTO, CA 95815
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REQUEST FOR DUPLICATE/REPLACEMENT LICENSE

Instructions

- (A) Section I & II to be completed by ALL applicants.
(B) If original license cannot be returned explain why on line 1.
(C) When requesting a duplicate license, original license MUST be returned.
(D) When there is a name change, documentation must be provided: i.e., copy of marriage certificate, divorce decree or court order.

\*IN ORDER TO PROCESS, FEE(S) MUST BE INCLUDED WITH APPLICATION\*

SECTION I

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

Blank lines for providing reasons for the application.

SECTION II

- 1. My name in full as it appears on the records of the California Board of Dental Examiner is
and I hereby make application for a new license to be issued to me under the name of
2. Residence Address:
3. Business Address:
4. Telephone- Home: ( ) Work: ( )
5. Date of Birth:
6. I am the person named and the lawful holder of License number:

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

SIGNATURE

DATE

Please mark whether you are requesting a duplicate wall license or duplicate pocket license
Check all that apply

- ( ) APPLICATION FOR SUBSTITUTE WALL LICENSE.....FEE - \$10.00
( ) APPLICATION FOR SUBSTITUTE POCKET I.D.....FEE - \$10.00
( ) REGISTERED DENTAL ASSISTANT
( ) REGISTERED DENTAL HYGIENIST
( ) REGISTERED DENTAL ASSISTANT EXTENDED FUNCTIONS
( ) REGISTERED DENTAL HYGIENIST EXTENDED FUNCTIONS