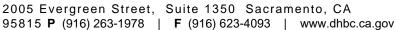


BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

DENTAL HYGIENE BOARD OF CALIFORNIA





<u>R</u>

equest for Duplicate/Replacement License	

When requesting a duplicate license, the original license must be returned. If the original license cannot be

returned, please explain why on line 1. When there is a name change, documentation must be provided <i>i.e.</i> , copy of marriage certificate, divorce decree, or court order. In order to process, the above documents must be submitted with this request.		
1.	My r	eason for making this application is as follows: (If lost, please state so on this line)
1	M	SECTION II
1.	•	name in full as it currently appears on the records of the
	Den	tal Hygiene Board is:
2.		me change, your new legal name in full as you wish it to appear on Dental Hygiene rd records:
3.	 Resi	dence Address:
4.	Tele	dence Address:Work: ()
5. 6.	Date	e of Birth: @
o. 7.	Mvs	social security number is:
8.	My li	icense number is:
		CERTIFY AND/OR DECLARE UNDER PENALTY OF PERJURY THAT THE NG IS TRUE AND CORRECT.
Sign	nature Date	
Che	ck all t	rk whether you are requesting a duplicate wall license or duplicate pocket license hat apply.
	App	dication for substitute Wall LicenseFee - \$25.00 each
	Application for substitute Pocket IDFee - \$25.00 each	
		Registered Dental Hygienist
		Registered Dental Hygienist in Alternative Practice
		Registered Dental Hygienist Extended Functions