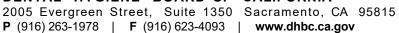


BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

DENTAL HYGIENE BOARD OF CALIFORNIA





REQUEST FOR CERTIFICATION OF LICENSE

	For Office Use Only:
	Cashiering No.: Prepared by:
	Date:
	Mailed:
550.00 FEE REQUIRED For each request	
Please type or print clearly in ink. Be sure to provide	de all information.
VITAL INFORMATIO	<u>N</u>
Current Name:	
Prior Last Name(s):	
icense NumberSocial Security	No
Address of Record	
CityState	Zip Code
Residence Phone: ()	
Address you wish the certification to be sent	t:
DECLARATION: I authorize the Dental Hygiene Boar certification of my California auxiliary license to the ad	
declare under penalty of perjury under the laws of the oregoing is true and correct. This declaration is exect20	
Signature	

Please send the completed form and payment to the Board's address above and allow 4-6 weeks for your certification request to be processed.