



DENTAL HYGIENE BOARD OF CALIFORNIA
2005 Evergreen Street, Suite 1350 Sacramento, CA
95815 P (916) 263-1978 | F (916) 263-2688 | www.dhbc.ca.gov



Request for Duplicate/Replacement License

Empty rectangular box for stamp or signature.

INSTRUCTIONS:

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.e., copy of marriage certificate, divorce decree, or court order.

In order to process, the above documents must be submitted with this request.

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SECTION I

1. My reason for making this application is as follows: (If lost, please state so on this line)

SECTION II

1. My name in full as it currently appears on the records of the Dental Hygiene Board is:

2. If name change, your new legal name in full as you wish it to appear on Dental Hygiene Board records:

3. Residence Address: _____

4. Telephone - Home: () _____ Work: () _____

5. Date of Birth: _____

6. Email address: _____ @ _____

7. My social security number is: _____

8. My license number is: _____

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 - \$25.00 each

Application for substitute Pocket ID.....Fee - \$25.00 each

- Registered Dental Hygienist
Registered Dental Hygienist in Alternative Practice
Registered Dental Hygienist Extended Functions