



DENTAL HYGIENE BOARD OF CALIFORNIA (DHBC)
REQUEST FOR HARD FINGERPRINTS CARDS
For Out-Of-State Applicants/Licensee who cannot travel to California for Live Scan
Pursuant to Business and Professions Code §1916

DATE: _____ **APPLICANT/LICENSEE NUMBER:** _____

CURRENT STATE: _____

Please complete the following information and click the submit button to request the fingerprint cards. Please allow 7-10 days for the mailing of the cards with instructions.

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ **EMAIL ADDRESS:** _____