



APPLICANTS REQUEST FOR NAME OR ADDRESS CHANGE

INSTRUCTIONS:

When there is a name change requested, original or certified documentation from the court must be provided (i.e., marriage license or certificate, divorce decree, naturalization documentation or other court order). A driver's license, ID card or Social Security card will not be accepted as legal proof of name change.

ABOVE DOCUMENTS MUST BE SUBMITTED WITH NAME CHANGE REQUESTS

SECTION I. My reason for making this application is as follows: Name Change [] Address Change []

Please clearly print how your new name should read

SECTION II

- 1. My name in full as it currently appears on the records of Dental Hygiene Committee of California is
2. Prior Address:
3. NEW Address:
4. Telephone- Home/Cell: ()
5. Date of Birth:
6. Email Address:
7. I am the person named and the lawful holder of File Number:
or must give the Committee your Social Security #:

- [] RDH Applicant: WREB [] RDH Applicant: Licensure by Credential
[] RDHAP Applicant [] RDH Applicant: DHCC Clinical Exam

DECLARATION

I declare under penalty of perjury under the laws of the State of California that the information contained in this document is true and correct. Should I furnish any false information in this document, I hereby agree that it shall constitute cause for denial, suspension, or revocation of my license to practice as a Registered Dental Hygienist in the State of California. I further certify that this is my new, adopted legal name for all purposes, and this name change has not been made for fraudulent purposes.

SIGNATURE

DATE

NOTICE ON COLLECTION OF PERSONAL INFORMATION

COLLECTION AND USE OF PERSONAL INFORMATION.

The Dental Hygiene Committee of California of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Sections 1905 and 1917, and California Code of Regulations Sections 1076 and 1077. The Dental Hygiene Committee of California uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses and enforce licensing standards set by law and regulation.

MANDATORY SUBMISSION.

Submission of the requested information is mandatory. The Dental Hygiene Committee of California cannot consider your application for licensure or renewal unless you provide all of the requested information.

ACCESS TO PERSONAL INFORMATION.

You may review the records maintained by the Dental Hygiene Committee of California that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

POSSIBLE DISCLOSURE OF PERSONAL INFORMATION.

We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code Section 6250 and following), as allowed by the Information Practices Act (Civil Code Section 1798 and following);
- To another government agency as required by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

DISCLOSURE OF SOCIAL SECURITY NUMBER.

Section 30 of the Business and Professions Code and Public Law 94-455 [42 U.S.C.A. 405(c)(2)(c)] authorizes collection of your Social Security number. Your Social Security number will be used exclusively for tax enforcement purposes, and for purposes of compliance with any judgment or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your Social Security number, your application for initial or renewal license will not be processed and you will be reported to the Franchise Tax Board, which may assess \$100 penalty against you.

CONTACT INFORMATION.

For questions about this notice or access to your records, you may contact:

Dental Hygiene Committee of California
2005 Evergreen Street, Suite 1050
Sacramento, CA 95815
(916) 263-1978

For questions about the Department of Consumer Affairs' privacy policy or the Information Practices Act, you may contact:

The California Office of Privacy Protection
Department of Consumer Affairs
1625 N. Market Blvd.,
Sacramento, CA 95834
(866) 785-9663 email: privacy@dca.ca.gov