STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.
DENTAL HYGIENE COMMITTEE OF CALIFORNIA
2005 Evergreen Street, Suite 2050 Sacramento, CA 95815
P (916) 263-1978 | F (916) 263-2688 | www.dhcc.ca.gov

REQUEST FOR CERTIFICATION OF LICENSE

For Office Use Only:
Cashiering No.: _____
Prepared by: _____
Date: _____
Mailed: _____

$25.00 FEE REQUIRED
For each request

Please type or print clearly in ink. Be sure to provide all information.

VITAL INFORMATION

Current Name: _____

Prior Last Name(s): _____

License Number _____Social Security No. _____

Address of Record _____

City_____ State _____ Zip Code_____

Residence Phone: ( )_____

Address you wish the certification to be sent:

DECLARATION: I authorize the Dental Hygiene Committee of California to send a certification of my California auxiliary license to the address above.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. This declaration is executed on the _____day of _____ 20_____.

Signature_____

Please allow 30 days for your certification request to be processed.