



LICENSEES REQUEST FOR NAME OR ADDRESS CHANGE

PLEASE INDICATE CHANGES TO BE MADE: ADDRESS CHANGE (SECTION I) NAME CHANGE (SECTION II)

NAME: _____

- Registered Dental Hygienist (RDH)
- RDH in Extended Functions-Restorative
- RDH in Alternative Practice (RDHAP)
- Fictitious Name Permit - RDHAP

HYGIENIST LICENSE NUMBER(S): _____

LICENSE EXPIRATION DATE: _____

SECTION I. ADDRESS CHANGE

1. ADDRESS CHANGE EFFECTIVE DATE: _____

2. PRIOR ADDRESS: _____

3. **NEW** ADDRESS: _____

4. DATE OF BIRTH: _____ City 5. PHONE: () _____ State

6. EMAIL ADDRESS: _____

SECTION II. NAME CHANGE

You must submit photocopies or electronic copies of the following **two** required documents: A current government issued photographic identification (e.g. Driver License, Alien Registration, Passport etc.) **AND** one of the following additional legal documents as proof of name change; Certified Court Order, Marriage Certificate Dissolution of Marriage (Divorce).

1. NAME CHANGE EFFECTIVE DATE: _____

CHANGING NAME FROM:

2. _____

CHANGING NAME TO:

3. _____

I hereby certify that the aforementioned is my new, adopted legal name for all purposes, and that this name change has not been made for fraudulent purposes. INITIALS: _____

SECTION III. 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.

SIGNATURE

DATE