

MEDICAL BOARD OF CALIFORNIA



Licensing Program

Fictitious Name Permit Notification of Renewal/Hold Release

Fictitious Name:			FN	FNP #: SS#/FEIN#: Phone #:		
Current Physical Practice Address:			SS#			
(No PO Box)			_ Pho			
	Renewal Fee: \$_				S	
Our records indicate that you ar	e presently doing	g business as:				
☐ Corporation	☐ Partnership		Individual (Sole	Proprietor)		
form must be completed in its enthe current owner(s). Note: A fictit former owner must submit an "Applicatio" "Fictitious Name Permit Application." E If you are doing business as a complease provide the following info shareholders or partners. A sign the permit. Refer to attachment:	ious name permit is a confor Cancellation of the conforms should be conformation or as a conformation in the tallature at the bottom.	not transferable. If f a Fictitious Name mailed at the same a partnership an able below. Sig tom of this form	f a medical practice e Permit" to cancel time to assure the nd wish to <u>add/</u> natures are rec	e is purchased the permit and name will be d <u>'delete shar</u> quired to as	by another physician, the d the new owner must submit a wailable to the new owner. Scholders or partners, sociate or disassociate	
Doctor's Name (print or type)	<u>License #</u>	Association Date	Disassociation Date	Т	<u>Signature</u>	
I declare under penalty of perjury unde thereto and know the contents thereof. herein is true and correct.						
Print or Type Name	Signature			Date	License #	

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