



MEDICAL BOARD OF CALIFORNIA
Discipline Coordination Unit



Request for Certified Public Enforcement Documents

Requestor Information:

Name: _____

Agency/Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Public Information Regarding:

Licensee's or Registrant's Full Name: _____

License or Registration Number (if known): _____

Please send the completed request to:

Medical Board of California
Attn: Central File Room
P.O. Box 15588
Sacramento, CA. 95852
or
Fax (916) 263-2420
Or
central.fileroom@mbc.ca.gov