



MEDICAL BOARD OF CALIFORNIA

Protecting consumers by advancing high quality, safe medical care.

Licensing Program
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815-5401
Phone: (916) 263-2382
Fax: (916) 263-2487
www.mbc.ca.gov

Gavin Newsom, Governor, State of California | Business, Consumer Services and Housing Agency | Department of Consumer Affairs

APPLICATION FOR A DUPLICATE FICTITIOUS NAME PERMIT (Fee - \$30) Please print or type. Illegible applications will be returned.		FOR OFFICE USE ONLY	
		Fee Paid: _____	Receipt #: _____
		Date Cashiered: _____	Cashier's Intl.: _____
		Date Approved: _____	Date Denied: _____
Owner / Co-owner (first, middle, last):			
Social Security Number/FEIN:			
Address: List current address			
Is this an address change?	Yes	No	
Telephone Number & FAX (if applicable)	Telephone:	FAX:	
Fictitious Name:			
Fictitious Name Permit Number:			
<i>Please provide all information requested below.</i>			
Request for Duplicate Permit: (Check box to left of certificate requested.)	Duplicate Original Permit	Duplicate Renewal Permit	
Check all that apply:	Lost	Stolen	Mutilated
	Destroyed	Address Change	
<p>If you indicated lost, stolen, mutilated or destroyed, an explanation of the circumstances is required below (in the event your permit was mutilated, or you are requesting a duplicate due to name or address change, the original permit must be surrendered to our office along with this request).</p> <p>_____</p> <p>_____</p> <p>_____</p>			
<p>I certify under penalty of perjury under the laws of the State of California that the information provided in this application, including any supporting documents, are true and correct and that I am licensed/registered to practice in the State of California.</p>			
_____ Physician Signature	_____ License Number	_____ Date	

BOTH PAGES OF THIS FORM MUST BE COMPLETED.

NOTICE: All items in this application are mandatory; none is voluntary. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information provided will be used to verify the identity of the licensee per Sections 118 and 2432 of the Business and Professions Code. Applicants have the right to review their application subject to the provisions of the Information Practices Act. The Licensing Program chief is the custodian of records. Information provided in this application may be transferred to other governmental or law enforcement agencies.

Disclosure of your Social Security number (SSN) or Federal Employer Identification Number (FEIN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94.455 (42 USCA 405(c)(2)(C) authorize collection of your SSN. Your SSN or FEIN will be used for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN or FEIN, your application will not be processed and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

NOTARY

This individual, _____, has appeared before me, signed in my presence and is identified as the above individual.

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public Signature

Telephone Number

Address _____

My commission expires _____.

SEAL