



MEDICAL BOARD OF CALIFORNIA

Protecting consumers by advancing high quality, safe medical care.

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

LICENSING FEE INVOICE

Please make your certified check, cashier's check, or money order payable to
Medical Board of California

PLEASE ATTACH PAYMENT TO THIS INVOICE

Payments received without this invoice may delay processing of your application.

FILE NUMBER <div style="border: 1px solid black; height: 25px; width: 150px; margin: 5px auto;"></div>		
Legal Name: <div style="border: 1px solid black; display: inline-block; width: 250px; height: 25px;"></div> , <div style="border: 1px solid black; display: inline-block; width: 150px; height: 25px;"></div> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 25px;"></div>	(Last)	(First)
(MI)		
Date of Birth: <div style="border: 1px solid black; display: inline-block; width: 150px; height: 25px;"></div>	Amount Due: \$ <div style="border: 1px solid black; display: inline-block; width: 150px; height: 25px;"></div>	
LICENSING OFFICE USE ONLY:		
<div style="display: flex; justify-content: space-between; margin-top: 20px;"><div>Staff Initials: <div style="border: 1px solid black; display: inline-block; width: 80px; height: 25px;"></div></div><div>Date Sent to Applicant: <div style="border: 1px solid black; display: inline-block; width: 100px; height: 25px;"></div></div><div>Date Sent to Cashiers: <div style="border: 1px solid black; display: inline-block; width: 100px; height: 25px;"></div></div></div> <div style="margin-top: 20px;">Note to cashier staff: <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div><div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div><div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div><div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div></div>		
CASHIERING OFFICE USE ONLY:		