Medical Board of California

Application for a Duplicate Fictitious Name Permit

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

INSTRUCTIONS:

- **Please print or type. Incomplete applications will not be accepted.**
- **Processing Fee: $40 (non-refundable) check, money order or cashier's check payable to: Medical Board of California**

INFORMATION

Owner / Co-owner

Last Name	First Name	Middle Name	Suffix

Email Address

Address (list current address) Is this an address change? ☐ Yes ☐ No

Street Address	Line 2

City	State	Zip Code

Telephone Number(s)

	Alternate

Fictitious Name / Fictitious Name Permit Number

Fictitious Name	Fictitious Name Permit Number

DUPLICATE TYPE

If you indicate lost, stolen, mutilated, or destroyed, an explanation of the circumstances is required.

Request for Duplicate Permit: (Check one) ☐ **Duplicate Original Permit** ☐ **Duplicate Renewal Permit**

Reason for Duplicate Permit: (Check all that apply) ☐ **Lost** ☐ **Stolen** ☐ **Mutilated** ☐ **Destroyed** ☐ **Address Change**

Explanation

NOTICE & SIGNATURE

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 Section 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 Chief of Licensing is the custodian of records. Information provided in this application may be transferred to other governmental or law enforcement agencies.

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.

Physician Signature	License Number	Date

For Medical Board Use Only

Fee Paid:	Receipt #:	Cashier's Initials:
Date Cashiered:	Date Approved:	Date Denied: